BRISTOL WARREN REGIONAL SCHOOL DISTRICT
Hugh Cole Elementary School Admin Suite
50 Asylum Road Warren, RI 02885
WWW. BWRSD.ORG (401) 253-4000

ADVANCED DEGREE STIPEND APPLICATION

NAME: _____

SCHOOL: _____ Assignment: _____

I hereby apply for the following advanced degree stipend beginning in the _____-_____ school year. I understand that a full or half increment will be paid providing this form and all documentation is received by the Superintendent's office prior to October 15th and March 1st, respectively.

_____ Masters (attach official transcripts)
_____ M+20 Credits (attach official transcripts**)
_____ M+30 Credits (attach official transcripts**)
_____ CAGS (attach official transcripts)
_____ Doctorate (attach official transcripts)
_____ National Board Certification (attach copy of certification)

****OFFICIAL BACHELOR'S AND MASTER'S TRANSCRIPTS MUST ALSO BE PROVIDED IF NOT ALREADY ON FILE.**

Teacher Signature:_____ Date:_____

Asst. Superintendent's Approval:_____ Date:_____

Superintendent's Approval:_____ Date:_____

The Bristol Warren Regional School District does not discriminate on the basis of age, sex, race, religion, National origin, color, disability or sexual orientation in accordance with applicable laws and regulations.