**King Springs Elementary Foundation**

**Training Stipend Application**

The mission of the King Springs Elementary Foundation is to provide resources beyond those currently provided by the Cobb County School District to supplement elements of enhanced education. The Foundation has set an immediate goal to provide funding to support professional development. In general, stipend amounts will vary based on factors such as the nature of the request, course length, required travel, number of students impacted, and alignment with goals.

|  |  |
| --- | --- |
| **Teacher Name/ Grade:** |  |
| **Course Description (Title, length, date):** |  |
| **Stipend Description**  |  |

I hereby agree to attend the training course detailed above and to subsequently submit written proof of attendance with 10 days. I understand written proof (i.e. print out from Cobb Course Plan Portal or course certificate) is required before this stipend can be granted. I also understand stipend requests and approval must be received *in* *advance* of the professional development opportunity.

Submitter’s Signature/ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please return completed form and proof of course attendance to Ms. Keeney.**

**If you have questions, please email KingSpringsFoundation@gmail.com.**

Principal’s Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Board Use Only: Approved (Y/N):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_ Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­  Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Foundation President’s Signature/ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |