



Stipend Form for 18 Online Participants:

Please complete this form and return it to Jolene King at jking@lcsc.org. Teachers that participate in the 18 Online program qualify for a stipend of \$500 per credit completed **ONLY** if:

- ✓ The course was successfully completed with a satisfactory grade of an A or B.
 - ✓ The participating teacher is from a district that is a full member of Lakes Country Service Cooperative or Northwest Service Cooperative per state statute.
 - ✓ The teacher has reached the maximum amount of lane change credits on the district salary schedule only as it pertains to additional education and not years of experience. In other words, the teacher is all the way to the right of the salary schedule.
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- ☐ By checking the box, I certify that the teacher applying for the stipend qualifies based on the previously listed criteria. The stipend amount the teacher qualifies for equals \$_____.
 - ☐ I have attached the teacher transcript with a satisfactory grade of A or B to this form as proof of completion.
 - ☐ The school district is a member of either Lakes Country Service Cooperative or Northwest Service Cooperative.

District Name: _____ Date: _____

Teacher Name (please print): _____

Social Security Number (for 1099 purposes) _____

Teacher Signature: _____ Date: _____

Superintendent of Schools Signature: _____ Date: _____

LCSC Approval (internal use only): _____

Please mail the stipend check to the following address: _____

