



Washington County School Board

652 Third Street
Chipley, FL 32428

Application For Stipend

1. Cost Center: _____
2. Transaction: _____
3. Employee ID: _____
4. Type Payroll: _____
5. Employee Name: _____
(Last) (First) (M.I.)

Title of Training Activity: _____

Beginning Date: _____ Ending Date: _____

☐ Days ☐ Weeks ☐ Hours _____ @ _____
Number Rate

10. Type Employee: _____

19. Salary Total: _____

(DO NOT KEY BELOW THIS LINE)

33. Employee Address: _____

City State Zip

I hereby certify that I have attended classes/activities during the time period stated above
and that I am eligible to receive these funds.

Signature of Applicant Date

Approved (Project Director)