

P.O. BOX 850
KEARNEY, NE 68848



PHONE: (308) 237-5927
FAX: (308) 237-5920
IP Phone: 3106 IP FAX: 3006

Whoop It Up Title II D Stipend Request

Date: _____

Activity: Teacher Enrichment Training

Teacher: _____ Email address: _____

Stipend: \$50 upon completion of

- training
- participation in teleconference
- completion of evaluation

School Name and Address:

Teacher Signature: _____

ESU 10 Director: _____

Note: Stipend will be sent to teacher's school district and will be paid through the school district payroll.

Account Number: 1-4981-310-0-981

Please mail your stipend request form to:

ESU 10
Att: Graci Gillming
Box 850
Kearney NE 68848

Tri-Valley Distance Education Consortium