ARLINGTON CENTRAL SCHOOL DISTRICT

TO: Dr. Philip Benante, Superintendent of Schools

FROM:

RE: The following are recommended for a co-curricular stipend for the _____ school year:

SCHOOL YEAR:

NAME	BUILDING	ACTIVITY	STIPEND %	MONTH PAID (circle one)			
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June

PRINCIPAL'S SIGNATURE _____

DATE _____

NAME	BUILDING	ACTIVITY	STIPEND %	MONTH PAID (circle one)			
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
				Dec	April	June	½ Dec ½ June
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