

**SUMMER CTE CONFERENCE STIPEND REQUEST**  
**ALPINE SCHOOL DISTRICT**

Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Area of Instruction \_\_\_\_\_

Name and Location of Conference \_\_\_\_\_

Date of Conference \_\_\_\_\_

Is Your Regular Contract? Full Time \_\_\_\_\_ Less than Full Time \_\_\_\_\_

CTE Summer Conference Stipend Amount Requested (Maximum, \$350) \$ \_\_\_\_\_

Instructor \_\_\_\_\_  
Signature

CTE Coordinator \_\_\_\_\_  
Signature