Submit completed form to: **HUMAN RESOURCES** OTSEGO NORTHERN CATSKILLS BOCES PO Box 382, 2020 Jump Brook Road Grand Gorge, NY 12434 607-588-6291, Ext. 2177 or 2178



OTSEGO NORTHERN CATSKILLS SOARD OF COOPERATIVE EDUCATIONAL SERVICES

	STUDY GRANT A	PPL	ICATION	
EMPLOYEE:		POSITIO	N:	
ADDRESS:		LOCATIO	ON:	
COLLEGE ATTENDIN	NG:		SEMESTER:	
Please select one	of the following options:			
Study Grant - employee co	l elect to receive reimbursement fo ntract.	or college o	courses as outlined in	my respective
Salary Adjust employee cor	ment - I elect to receive a salary incontract.	crease for	college credits as per	my respective
	SUMMARY OF ESTIMA	ATED EX	KPENSES	
Course No.	Course Title		Credit Hrs.	Cost
1ST				
2ND				
3RD				
	BOOKS (Support Staff Only)			
	TRAVEL (Support Staff Only)			
			Φ.	
			TOTAL \\[\)	
2. Did you receive3. If so, what seme	ng educational expense funds from funds during the last school year? _ester?escribe how these courses will be		_	า?
Payment is made according to	FALL OF	e group. Salai (607) 588-629	ry adjustments are made Ser 91, Ext. 2177/2178. APPLI	otember 1 and February 1.
DEADLINES:	SOMMER, SONE 1,	EPTEMBE	31 Kilvo, c	JANUARY 31
SUPERVISOR SIGNAT	URE		Date	-
DEPUTY SUPERINTEN	NDENT SIGNATURE		Date	
HUMAN RESOURCES SIGNATURE			Date	