

MT. SAN ANTONIO COLLEGE

**APPLICATION FOR STIPENDS FOR DEGREES EARNED
FACULTY**

Name: _____ Banner ID #: _____

Department: _____

College/University Attended: _____

I hereby apply for the following benefit (check appropriate box):

NOTE: These benefit payments are subject to payroll deductions.

One time benefit for degree earned on or after July 1, 2005:

- Bachelor's - \$1,766
- Master's - \$2,356
- Doctorate - \$3,743*

*For FT Faculty, earned doctorates, the District will pay the full stipend for the fiscal year in which the degree is awarded, regardless of when the degree is conferred during the year. Following that first year, the doctoral stipend becomes an ongoing addition to base salary.

I certify that:

I have attached an **official** transcript.

Signature:

Date:

SUBMIT APPLICATION TO HUMAN RESOURCES



Human Resources Use Only

Benefit Amount: \$ _____

Fiscal Year Earned: _____

Degree Verified: _____

Vice President Approval: _____

cc: Payroll
Employee
Fiscal Services