# Worth County Schools
## Professional Learning Stipend Form

Note: All summer Professional Learning participants must complete a separate PL Stipend Form for each eligible stipend courses.

Name: _____ School Year: _____ SSN: _____
Last First Middle Initial

Position: _____ School (circle one): WCPS WCES WCMS WCHS

Course Title: _____ Course Number: _____

Date(s): _____ Time(s): _____ Number of PLU's: _____

_____ _____ _____
Signature of Professional Learning Coordinator Signature of Principal Date

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