



CAREER TECHNICAL STUDENT ORGANIZATION (CTSO) ADVISOR STIPEND REQUEST

1. Complete this form.
2. Attach the supporting Activity Report.
3. Submit to Human Resources for processing.

ADVISOR NAME: _____

CTSO NAME: _____

LOCATION: _____

SCHOOL YEAR: _____

DATE ADVISOR WAS BOARD APPROVED TO BE ELIGIBLE FOR STIPEND: _____

Mark all that apply:

Advisor	
	Regional (\$800)
	State (\$800)
	National (\$800)

Total Stipend: _____

Co-Advisor	
	Regional (\$400)
	State (\$400)
	National (\$400)

Total Stipend: _____

Supervisor Signature

Date

By signing this form, I certify that this document, as well as the attached activity report is true, correct, and complete.