

**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 - \$1,681
- Master's - \$2,242
- Doctorate - \$3,562\*

\*For 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