



Supplemental Earnings Handbook

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SUPPLEMENTAL EARNINGS GUIDELINES

Memphis-Shelby County Schools (MSCS) offers stipend and bonus payments as supplemental pay for active employees dedicated to our students' needs through academic, athletic, and fine arts, and other pertinent programs. The Office of Compensation, in partnership with the Budget Office and stipend owner, will govern all stipends, including eligibility criteria, amounts paid, and any new requests or revisions to current stipends.

This manual, a guide to the stipend process, includes an overview of all the District's existing stipends and serves as a step-by-step guide to the sequence of events as it pertains to the creation of new stipends. The processes outlined are subject to change annually in accordance with MSCS guidelines and Budget. The provisions of the *Supplemental Earnings Handbook* do not constitute a contract, express or implied, between any employee and MSCS.

Supplemental Earnings are wages paid to active MSCS employees in addition to their base salary or pay rate. The rates at which supplemental pay is determined are governed by the Office of Compensation. The District categorizes supplemental pay into three classes: stipend, bonus and extended day pay.

Stipend

MSCS defines ***stipend*** as a nondiscretionary amount of earnings paid to an employee on a regular or recurring basis over the course of their eligibility period. The stipend allows an employee to be compensated for specific duties or occurrences considered beyond their current position. Stipend payouts are subject to their respective months of disbursement and may begin paying out as early as July 1, and end as late as June 30, during the current fiscal year in which program duties are performed.

Bonus

MSCS defines a ***bonus*** as a nondiscretionary amount of earnings above an employee's base pay. MSCS establishes bonuses that focus on improving student achievement, rewarding quality performance, and attracting and retaining top talent. Bonus payouts are subject to their respective months of disbursement and may begin paying out as early as July 1, and end as late as June 30, during the current fiscal year in which program duties are performed.

Extended Day Pay

MSCS defines ***extended day pay*** as additional earnings above a teacher's base pay for working an additional hour at an approved extended day location.



SUPPLEMENTAL EARNINGS INFORMATION

The following information provides the framework for MSCS Supplemental Earnings:

1. To be eligible for supplemental pay, employees must be in an active and approved pay status.
2. Supplemental earnings are not guaranteed wages and may be amended or eliminated at any time.
3. Supplemental earnings are not included in individual base salaries quoted by the Compensation Department.
4. Supplemental earnings must be preapproved and have a valid stipend/bonus code.
5. Authorization to pay approved supplemental compensation requires permission from the Department Chief/School Leader or designee prior to actual work being performed.
6. Supplemental pay duties may not be conducted from home.
7. An employee who has separated from the district (or is no longer active) is not eligible to accrue additional earnings past their effective separation date. A new employee is not eligible to earn supplemental pay prior to their effective start date.
8. Supplemental duties should take place outside of an employee's normal work hours or calendar days and should be considered voluntary, and distinctly different from the employee's normal job description.
9. Supplemental pay should not be used as an alternative to overtime payment for non-exempt employees when overtime payment should be paid or as a strategy to increase the employee's base salary.
10. All supplemental earnings are subject to the employee and employer's statutory deductions.
11. Any stipend allotted to an active employee will be paid on a prorated basis if the employee does not work the complete duty days (i.e., missing any part of the allotted time frame during any part of the semester) for their respective contract.
12. If an employee fails to meet all criteria stipulated in the Supplemental Earnings Guide, earnings may be stopped and/or recovered. If a recovery is in order, the employee will be notified of the terms by the Payroll Department.

HOW TO CREATE A NEW STIPEND

New Supplemental Earnings Request

A request for supplemental pay must receive budget approval and be submitted to the Office of Compensation by the Departmental Leader and/or Stipend Owner to support a department's new or ongoing initiative. **Note: The request must be approved by the Office of Compensation prior to any payment.**

When should you submit a Supplemental Earnings Request form?

- When requesting approval for a new stipend or bonus
- When requesting updates to an existing stipend or bonus
- After confirming available funding and receiving budget approval (see supplemental earnings budget request form)

Note: All stipends must be approved each year by the Office of Compensation and the Budget Office prior to payment.

What is needed to complete a request?

- Supplemental Earnings Budget Request Form (*Appendix-page 15*)
- Supplemental Request Form (*Appendix-page 16*)
- The requestor will complete the supplemental request form, ensuring the following information is included:
 - ❖ Stipend/Bonus Title
 - ❖ Stipend/Bonus Code (completed by Compensation)
 - ❖ Department/School
 - ❖ Owner
 - ❖ Stipend/Bonus Amount
- Next, provide details of the stipend/bonus to include:
 - ❖ Purpose: Provide description and explain the purpose for the stipend/bonus.
 - ❖ Eligibility: Outline steps that will determine eligibility.
 - ❖ Requirements: Determine who is eligible, such as job titles, and what requirements must be met to receive the stipend/bonus.
 - ❖ Additional Information: If there is more information required, please list.

Lastly, sign the form and obtain the signature of the Department Chief before forwarding both the approved supplemental earnings budget request and supplemental request forms to the Compensation Department at stipendrenewal@scsk12.org for review and approval.

Who completes the request for new Supplemental Earnings?

The requestor should complete the supplemental earnings budget request form and the supplemental earning request form. Once the form is completed, the requestor must get the Department Chief's signature.

Note: Every year all stipends and bonuses must go through a renewal and approval process.

Budget Approval

- Complete supplemental earnings budget request form and obtain approval signatures.
- Submit completed form with appropriate signatures to the following email: stipendrenewal@scsk12.org.
- MSCS Budget Office responds to the requestor with approval or denial.
- If funding is **not** available, the MSCS Budget Office will notify the requestor and the Office of Compensation.

Compensation Approval

- If available funding is confirmed and the MSCS Budget Office has approved the request, the Office of Compensation will review and notify the requestor with approval or denial; additional information may be required.



ATHLETIC PROGRAM STIPEND EARNINGS

Athletic program stipends are designed to compensate employees who serve as coaches of extracurricular athletic activities. To be eligible for athletic program stipends, coaches must meet District and Tennessee Secondary School Athletic Association (TSSAA) certification requirements and the minimum standard requirements of the Athletic Department. The Athletic Department is responsible for designating coaches' allocations, based on the school's needs. Coach designations must be communicated by the school to the Athletic Department and then to the Office of Compensation for the coach to be considered for stipend earnings. Stipend earning amounts are paid according to the chart in the appendix section on pages 9-10.



ACADEMIC/FINE ARTS PROGRAM STIPEND EARNINGS

Academic/Fine Arts program stipends are designed to compensate employees who serve as sponsors of extracurricular academic/fine arts activities. To be eligible for academic/fine arts program stipends, sponsors must be in an active employment status with MSCS and meet the minimum standard requirements of the Academic/Fine Arts Department. The Academic/Fine Arts Department is responsible for designating sponsors' allocations, based on the needs of the school. Sponsor designations must be communicated by the school to the Office of Compensation for the sponsor to be considered for stipend earnings. Stipend earning amounts are paid according to the chart in the appendix section on page 12.



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Appendix A

MSCS Athletic Programs Stipends				
Program	0-5 Years	6-10 Years	11+ Years	Frequency
High School				
Athletic Director				
	\$4,300.00	\$5,300.00	\$6,300.00	2 - YEARLONG
Football				
Head	\$ 4,000.00	\$ 4,500.00	\$ 5,200.00	FALL
Assistant	\$ 2,600.00	\$ 3,000.00	\$ 3,850.00	FALL
Basketball				
Head (Boys' and Girls')	\$ 4,000.00	\$ 4,500.00	\$ 5,200.00	WINTER
Assistant (Boys' and Girls')	\$ 2,600.00	\$ 3,000.00	\$ 3,850.00	WINTER
Baseball & Softball				
Head	\$ 2,700.00	\$ 3,200.00	\$ 3,850.00	SPRING
Assistant	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	SPRING
Track				
Head (Boys' and Girls')	\$ 2,700.00	\$ 3,200.00	\$ 3,850.00	SPRING
Assistant (Boys' and Girls')	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	SPRING
Volleyball				
Head	\$ 2,700.00	\$ 3,200.00	\$ 3,850.00	FALL
Assistant	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	FALL
Cheerleader				
Sponsor	\$ 2,000.00	\$ 2,400.00	\$ 2,800.00	2 -YEARLONG
Golf				
Boys' and Girls'	\$ 600.00	\$ 800.00	\$ 1,000.00	FALL
Tennis				
Head Boys' and Girls'	\$ 600.00	\$ 800.00	\$ 1,000.00	SPRING
Swimming				
Head Boys' and Girls'	\$ 600.00	\$ 800.00	\$ 1,000.00	WINTER
Cross Country				
Head Boys' and Girls'	\$ 600.00	\$ 800.00	\$ 1,000.00	FALL
Wrestling				
Head	\$ 2,000.00	\$ 2,500.00	\$ 3,000.00	WINTER
Assistant	\$ 1,200.00	\$ 1,400.00	\$ 1,600.00	WINTER
Soccer				
Head (Boys' & Girls')	\$ 2,700.00	\$ 3,200.00	\$ 3,850.00	FALL
Assistant (Boys' and Girls')	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	FALL
Bowling				
Head (Boys' and Girls')	\$ 600.00	\$ 800.00	\$ 1,000.00	WINTER

Appendix 2A

MSCS Athletic Programs Stipends				
Program	0-5 Years	6-10 Years	11+ Years	Frequency
Middle School				
Athletic Director				
	\$3,000.00	\$3,650.00	\$4,300.00	2-YEARLONG
Football				
Head	\$ 2,800.00	\$ 3,200.00	\$ 3,850.00	FALL
Assistant	\$ 2,000.00	\$ 2,300.00	\$ 2,600.00	FALL
Basketball				
Head (Boys' and Girls')	\$ 2,800.00	\$ 3,200.00	\$ 3,850.00	WINTER
Assistant	\$ 2,000.00	\$ 2,300.00	\$ 2,600.00	WINTER
Golf				
Boys' and Girls'	\$ 450.00	\$ 560.00	\$ 670.00	FALL
Baseball				
Head	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	SPRING
Assistant	\$ 1,525.00	\$ 1,650.00	\$ 1,775.00	SPRING
Softball				
Head	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	SPRING
Assistant	\$ 1,525.00	\$ 1,650.00	\$ 1,775.00	SPRING
Volleyball				
Head	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	FALL
Assistant	\$ 1,525.00	\$ 1,650.00	\$ 1,775.00	FALL
Track				
Head (Boys' and Girls')	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	SPRING
Assistant	\$ 1,525.00	\$ 1,650.00	\$ 1,775.00	SPRING
Cheerleader				
Sponsor	\$ 1,200.00	\$ 1,500.00	\$ 1,800.00	2 - YEARLONG
Soccer				
Head (Boys')	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	FALL
Head (Girls')	\$ 1,900.00	\$ 2,100.00	\$ 2,300.00	FALL
Assistant (Boys' and Girls')	\$ 1,525.00	\$ 1,650.00	\$ 1,775.00	FALL

**** NOTE: Pay scale subject to change by Human Resources Leadership and MSCS**

****NOTE: Coaches must complete verification form (Appendix page 11) for years of coaching.**

Appendix B



Coaching Verification

This form is for coaching verification for stipend payment salary adjustment. The salary adjustment application and this completed document should be emailed to: supplemental_pmt@scsk12.org

Name: _____ SS#: _____ Phone: _____

Position: _____ School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employee Signature: _____

<u>Certificated within MSCS</u>	<u>Certificated outside of MSCS</u>																											
<p>Required documentation for coaching verification for coaching stipend:</p> <ul style="list-style-type: none"> • <i>Official transcript (Must have conferment date)</i> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Sports Program</th> <th style="text-align: left;"># of Years</th> <th style="text-align: left;">Dates (To-From)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Sports Program	# of Years	Dates (To-From)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Required documentation for coaching verification for coaching stipend:</p> <ul style="list-style-type: none"> • <i>Verification form from each school district</i> <p><u>ALL</u> previous coaching experience <u>must</u> be documented and submitted to the Office of Compensation on an official Experience Verification Form, which must be completed by the current or previous employer's Superintendent, Headmaster, Agency Director, or Designated Personnel Officer.</p> <p>The Office of Compensation may request additional documentation, as necessary, to substitute prior experience for the coaching supplement. Coaching stipends will be paid according to the schedule and all required documentation</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Sports Program</th> <th style="text-align: left;"># of Years</th> <th style="text-align: left;">Dates (To-From)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Sports Program	# of Years	Dates (To-From)	_____	_____	_____	_____	_____	_____
Sports Program	# of Years	Dates (To-From)																										
_____	_____	_____																										
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Sports Program	# of Years	Dates (To-From)																										
_____	_____	_____																										
_____	_____	_____																										

Certificated: Equivalent Experience

Required documentation for prior experience:

- *High School and College experience will count toward the years of experience*
- *Other coaching experience, such as recreation, AAU, or summer leagues, **will not** be counted toward your years of coaching experience*

MSCS OFFICE OF COMPENSATION USE ONLY:

Request Approved:

Sport Program: _____ Coaching Years: _____ Stipend Amount: _____

Effective Date: _____ Compensation Analyst: _____

Reason Request Denied:

_____ Coaching Experience was not verified/submitted properly _____ Coaching verification note received

_____ Coaching experience is not from a valid school system or _____ Other reason(s) _____

_____ accredited institution

Appendix C

MSCS Academics/Fine Arts Programs Stipends				
Program	0-5 Years	6-10 Years	11+ Years	Frequency
High School				
Band Director				
	\$ 2,800.00	\$ 3,600.00	\$ 4,000.00	2 - Yearlong
Drama/Speech				
Head	\$ 900.00	\$ 1,200.00	\$ 1,500.00	2 - Yearlong
Yearbook				
Sponsor	\$ 300.00	\$ 410.00	\$ 600.00	2 - Yearlong
Telecommunications	\$ 2,250.00	\$ 2,600.00	\$ 3,000.00	2 - Yearlong
Honor Society				
	\$ 600.00	\$ 700.00	\$ 800.00	2 - Yearlong
HOSA				
	\$ 600.00	\$ 700.00	\$ 800.00	2 - Yearlong
Student Council				
	\$ 600.00	\$ 700.00	\$ 800.00	2 - Yearlong
Choir				
Director	\$ 900.00	\$ 1,200.00	\$ 1,500.00	2 - Yearlong
Orchestra				
	\$ 2,800.00	\$ 3,600.00	\$ 4,000.00	2 - Yearlong
Middle School				
Band Director				
	\$ 2,000.00	\$ 2,600.00	\$ 3,000.00	2 - Yearlong
Yearbook				
Sponsor	\$ 300.00	\$ 450.00	\$ 600.00	2 - Yearlong
Choir				
Director	\$ 700.00	\$ 900.00	\$ 1,100.00	2 - Yearlong
Honor Society				
	\$ 600.00	\$ 700.00	\$ 800.00	2 - Yearlong
HOSA				
	\$ 600.00	\$ 700.00	\$ 800.00	2 - Yearlong
Student Council				
	\$ 600.00	\$ 700.00	\$ 800.00	2 - Yearlong

**** NOTE: Pay scale subject to change by Human Resources Leadership and MSCS.**

****NOTE: Sponsors must complete Academic/Fine Arts Verification Form (Appendix page 13).**

Appendix D



Academic and Fine Arts Programs Verification

This form is for Academic and Fine Arts programs verification for stipend payment salary adjustment. The salary adjustment application and this completed document should be emailed to: supplemental_pmt@scsk12.org

Name: _____ SS#: _____ Phone: _____

Position: _____ School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employee Signature: _____

Certificated within MSCS	Certificated outside of MSCS																								
<p>Required documentation for Academic and Fine Arts programs verification for stipend:</p> <ul style="list-style-type: none"> • <i>Official transcript (Must have conferment date)</i> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name of Program</th> <th style="width: 33%;"># of Years</th> <th style="width: 33%;">Dates (To-From)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name of Program	# of Years	Dates (To-From)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Required documentation for Academic and Fine Arts programs verification for stipend:</p> <ul style="list-style-type: none"> • <i>Verification form from each school district</i> <p>ALL previous program experience must be documented and submitted to the Office of Compensation on an official Experience Verification Form, which must be completed by the current or previous employer's Superintendent, Headmaster, Agency Director, or Designated Personnel Officer.</p> <p>The Office of Compensation may request additional documentation, as necessary, to substitute prior experience for the supplement. Stipends will be paid according to the schedule and all required documentation</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name of Program</th> <th style="width: 33%;"># of Years</th> <th style="width: 33%;">Dates (To-From)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name of Program	# of Years	Dates (To-From)	_____	_____	_____	_____	_____	_____
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Name of Program	# of Years	Dates (To-From)																							
_____	_____	_____																							
_____	_____	_____																							

Certificated: Equivalent Experience

Required documentation for prior experience:

- *High School and College experience will count toward the years of experience*

MSCS OFFICE OF COMPENSATION USE ONLY:

Request Approved:

Name of Program: _____ Total Number of Years: _____ Stipend Amount: _____

Effective Date: _____ Compensation Analyst: _____

Reason Request Denied:

Experience was not verified/submitted properly Verification note received
 Experience is not from a valid school system or accredited institution Other reason(s) _____

Memphis Shelby County Schools does not discriminate in its programs or employment on the basis of race, color, religion, national origin, handicap/disability, sex, genetics, or age. For more information, please contact the Office of Equity Compliance

Appendix 2D



Employee Verification Form for Academic and Fine Arts Programs

The information listed below is to be completed by the current or previous employer (**Superintendent, Headmaster, Agency Director, or Designated Personnel Officer**). School Principals are **NOT** authorized to sign this form **unless** they are the designated Personnel Officer. Use ONE line for each change in status. Do NOT include leave of absence periods. Only include experience that is NOT in the Tennessee State data system.

Name of Educator _____ SS# _____

INFORMATION BELOW IS TO BE COMPLETED BY THE SCHOOL SYSTEM WHERE THE EXPERIENCE TOOK PLACE.

Experience record: Please list experience yearly, with each year on a separate line, beginning with July 1 and ending with June 30.

Name of School	School System/ District Name	Academic/ Fine Arts Program & Grade Level	State	Fiscal Year, July 1-June 30		Time Employed	
				Start Date Month/Day/ Year	End Date Month/Day/Year	Months/Days Per Year	

Check one of the following:

- Public School Private School* Charter School* U.S. Government Service Teaching Program*

**PLEASE NOTE: IF NON-PUBLIC SCHOOL, YOU MUST IDENTIFY ACCREDITATION*

The above school/school system was fully approved or accredited by the _____
at the time the service was performed.

(State Department of Education, Regional Association of Colleges & Schools, or recognized private school accrediting association)

I hereby certify that the above-listed experience is a true and correct copy of the records on file for the educator named above. (The form MUST be signed by an authorized official from the agency/institution as stated above)			
Signature _____	Title _____		
Address _____			
Street	City	State	Zip
Email Address _____		Date _____	

Send this completed form to: supplemental_pmt@scsk12.org

Revised July 2023

Appendix E



Supplemental Earnings Budget Request Form

NOTE: This form must be completed and submitted for approval of the *New or Renewal Supplement*. Please forward the signed form to stipendrenewal@scsk12.org. Both Finance and Human Resources offices will review for approval and the form routed to the requester after approval.

Action Requested: RENEWAL NEW SUPPLEMENT

Job Title Code:

Job Title Description:

Number of Supplement(s):

Amount of Supplement:

Total Supplement(s) Amount:

FUNDING

Funding Source #1:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding Source #2:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Funding Source #3:						
Fund (2)	Function (5)	Object (5)	Dept. (6)	Loc. (4)	Project (4)	% of Salary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Supplemental Budget Request Form must include account numbers, indicating available funding options.
Please submit this form to the Compensation Department after Chief and Budget Office signatures.

APPROVED DENIED

Department Chief: Date

SCS Budget Office: Date

Compensation Manager: Date

Appendix F



Supplement Request Form

Stipend Title:	Job Code:
Department/School:	Department Leader Name:
Pay Frequency:	Stipend Amount:

PURPOSE: Explain the purpose for the stipend.

ELIGIBILITY: Outline steps that will determine eligibility.

1.
2.
3.
4.
5.

REQUIREMENTS: What requirements MUST be met to receive the stipend?

1.
2.
3.
4.

ELIGIBLE POSITIONS: Please submit all of the eligible positions titles that will receive this stipend:
Note: Only positions listed below will be eligible for payment; all others will be denied.

1.
2.
3.

ADDITIONAL INFORMATION: If you have any additional information please list below.

Stipend Approvals:

--

Department Chief

--

Compensation Manager

--

Date

--

Date

NOTE: Submit form to stipendrenewal@scsk12.org

Revised July 2023