BLADEN CO	OUNTY SCHOOLS EIMBURSEMENT	Semester	□ Fall	Spring
APPLICA	TION FORM *	☐ Summer	Year 20_	19-20 <u>20</u>
	A PRICE AND NOW	AVENTURE NEEDE		100 MARCH 180
Name (herul W	hite-Smr	SSN#		
SCHOOL		Worl	910-80	12-4136
Home Address		Phone Home		
CONTRACTOR OF THE PARTY OF THE		Nos.		
Name of School College and L	(COLUMN TO THOSE	WILLIAM STATE		
Name of School, College, or Un Course Title		Start Day		
	Course N	o. Start Date	End Date	Credit Hrs.
Total Tuition or Fees \$	96.38	T	otal Hours	
A STATE OF THE STA		10041111111111		
Group Offering Seminar			osts	
Dates			-036	
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Name of Test		THE PROPERTY OF THE PROPERTY OF	ost S	
Date of Test			ost S	
Are you receiving assistance from other	er sources (VA, grant, sch	olarshin, etc.)? [J Yes ☑	No
If yes, how much? \$. ~	.10
n yes, now much? \$	Per □ Semes			
I certify that the information given :	above is true.	y that the employed I appyove the requ	: Meets eligibil est for reimbo	ity criteria,
Employee Signature ()	Date Principa	/Sipervior Signati	re ,	Date
Cherliblite mas	to-1-2000 NA	M C J M	Uh 4 11	120
Submit the following at the end of each s	emester/term to the Personn	el Offica		H 900
(1) Course grade sheet, transcript, or scor	e report	1	v	
(2) Copy of receipt with itemized costs at (3) Copy of approved application form	a payment	•		i
of No. 191 Author (Washington Co. Land V. 1914)	Rescondiberation ses	SOLIVORA		
☐ Application Approved	Director's	100000000000000000000000000000000000000	Date	
☐Application Denied, because	Signature Unit	nic Beat	the C	2-20-8
☐ Probationary/temporary employee	Status 3.571	0.103.352	1000	0-00031
☐ Submitted after deadline	509	02 \$ 101	$\sqrt{2}$	l
☐ School not accredited☐ Course not offered for credit	Amount dr o		, , , <u>, ,</u>	
☐ Maximum annual allowance received	Paid (\$ 9	8.19 Y	XXXIII	7
Other:	Approved by		Date	 _
	Finance Officer	aron a Pen	uck Wolf	r/2000

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			BURSEME: ON FORM *	NT		Sumn	ner	Year	20 <u>2</u> (<u>O</u> -20
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Name	/ her	cl Mibis	te-Smitt	$\overline{}$	22	N#				
School		1. VOIN		`	. DO	1111	Worl	9	0-8	62-4136
Home					Ph	one	Home			
Address				,	N	D\$.		_ '		
Section 1.			AURSEUS	ORM	XIII	ON.	122	e men	Section 5	
Name of Scho	ol, Colleg	e, or Unive	rsity		-					
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I certify that t	the informat	ion given ab	ove is true.	an	d I a	pprove	the rec	uest for		ursement.
Employee Signat	ure	^	Date	Princi	pal/St	pervis	of Signa	ture		Date
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Submit the follow				ha Dawl	n kilo	Official	11/1/	_	[.	/ · · · ·
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(2) Copy of recei	pt with itemi	zed costs and	payment	. \				//		
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☐ Application	Approved		Director's	IA	AK	A I	$\sqrt{\lambda}$	LW -	D	ate A A
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☐ Submitted after	er deadline			لأذعر ا	4	Tis	\mathcal{U}	10 2	57	
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Other:	-uni priviplic	A TAMOLAOR	Approved by	<u> </u>	77			<i></i>	D,	ate .
			Finance Office		Ha	u	/		$- \tilde{\Omega} $	41-20

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	BLADEN	COUNTY SCE	OOLS	Seme	ster	□ Fall	□ Spring
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	APPLI	CATION FOR	Summer Year 201			9 -2020	
			•	,			
	A CONTRACTOR	AND THE WAY	alin kok	Valine).	Mana.		
Name	Chery	White Sm	子と	SSN#			
School	District		·		Work	910-	8262-4136
Home				Phone	Home		
Address				Nos.			
		EXECUTIVE	INFORM	MILLON			
Name of Scho		r University					
	Course Title	<u> </u>	Course N	o. Star	t Date	End Date	Credit Hrs.
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Dates					_		
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Date of Test							
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			I cert	ify that the	employee	meets eligi	bility criteria,
I certify that the Employee Signature	he information g 	dven above is true					bursement.
		Date	a Princip	al/Supervise			Date
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(3) Copy of appro							I
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☐ Application A		Director's		1	A CONTRACTOR OF THE PARTY OF TH	T - Transfer is Brokeries)ate
		Signature		onia	1sea	they 12	145-20
☐ Application De ☐ Probationary/te		Status	351	10-103	352	600	000.000.50
☐ Submitted after		56	6	- 24	210	~~	\sim
School not accr	redited		50%	D	200	$\Delta V \subset \mathcal{C}$	ollas
☐ Course not offe ☐ Maximum annu		Amount	#	118	2.54	_ /\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ab
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Date of Test			A574		- a la a 3 a		oto \2	□ Yes	K	No	
Are you receiv	ing assistanc	e from other s	sources (VA,	grant, s	CTO!	ersnip,	ele.j:	Li Ica		No	
	If yes, how m	nuch? \$	Per	☐ Ser			Month				
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I certify that Employee Sign		tion given ab	ove is true. Date	Princ	ena r cidal/i	appro Superv	isog Signa	ture	i cimi	Date	
Pasti	1/2	1	/11/21	II^{-}		LX	\sqrt{u}	_		1/21/21	
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Submit the foll	owing at the	end of each sen	nester/term to	the Per	Source Land	I Omic	e:			l	
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(3) Copy of ap	proved applic	ation form			-11 05 0-4	ilio a mangandala	and all a condition of the	Samper Say Dill	ረ ግማ የድር ₋ ንሪ	and the second of the least of	
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☐ Applicatio	n Approved	!	Director's Signature	11	1	741		المرح	المد) ate) -{ \(4 \(2 \) }	
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☐ Course not ☐ Maximum	offered for cr		Amount Paid		\$	81	6.00			Date	
Other:	STATE MILLOUR			y · (Date	
		·	Approved b	[]cer	$\omega \chi$	\mathcal{M}	Day	um	· 12	2-17-21	

TU	ADEN COUNTY S ITION REIMBUR APPLICATION FO	SEMENT	Seme Sum		Fall Year 20	□ Spring
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	ony A. Hinso		SSN#	A Section of the second	the section of the se	
School Cent	ral Office	<u></u>	OD!TIP	Work	1010-0	11 1126
Home	JAN DIFFEE		Phone	Home	1000	6d-4136
Address			Nos.	1103(1)		
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Course	Title	Course N	n Ste	t Date	End Date	
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Group Offering Seminar			DUARI		_	Marine Layer La
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and your and any state of	er itam offici sofiles	(VA, grant, sch	otzrskip, c	te.)? [□ Yes □	□ No
If yes, how i	nuch? \$	Per 🗆 Semes	ter 🛚	Month [Cother:	
Tooriffy that the test		I certi	fy that the	employee	meets eligi	bility criteria,
I certify that the inform Employee Signature	ation given above is tri Date	ue. sed	I approve	the requ	est for reimi	bursement.
11 11	~		l/Superviso	r Signatu	re	Date
Mother Amo	n 912	0/19				
Submit the following at the	and of each semester/ter	m to the Person	nel Office:			
(+) Annuae Rights Rifect' (1818	CEIDL OF SCORE REPORT					
(2) Copy of receipt with item (3) Copy of approved applic	itzeu costs and payment ation form	l				
			A CONTRACTOR	Selforth Marketon	AMirani sana sana	111 (10. 1-2. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1
☐ Application Approved	Director		CAPELYAC	Mar and Control		and the same of th
	Signatus		$\mathbf{C} \alpha_{i} \alpha_{j}$) Ba	ا بند	ate C > 2 10
☐ Application Denied, becar	ISC Statue		102 26) (14-	000 000	
☐ Probationary/temporary et ☐ Submitted after deadline	npicyee	CN°C	, (C) (J	C. Care	OUD COOP.	30
☐ School not accredited		15010	4	1485	.00 N	J
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— Juki.	Approve	d by		0	/n De	thlaln

		N REIM	ITY SCH BURSEI ON FORI	MENT		nester mmer	□ Fall Year 20	□ Spring
		a v	North Control	THE VIOLE	MENTER			
Name	10	son St			SSN#			
School	_	ncho	ffice		2,021,1	Wor	k ano.	862-4136
Home					Phone	Hom		
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Name of Scho	ol, College,	or Univ	ersity					
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If	yes, how much	17 \$	I	Per 🗆 Seme	ester_ I	J Month	☐ Other:	
I certify that t Employee Signati	MHen	{	Date 19/20:	Princi	d Lappro	ove the receivisor organ	uest for rei	gibility criteria, mbursement. Date
Submit the follow (1) Course grade: (2) Copy of receip (3) Copy of appro	sheet, transcrip pt with itemized	t, or score I costs and I form	report l payment					
公公司				eparament.	He Only	神经禁	《本》	
Application A	Approved		Director's Signature	110 3	0- 4	$\supset \Omega_{o}$	- 	Date
□ Application De □ Probationary/a □ Submitted afte □ School not acc	emporary emplo r deadline	oyee	Status	3.5	_	3.350	0000	00-20 8-30 00
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