## PROFESSIONAL EDUCATORS INCENTIVE PROGRAM (2017 - 2018)

## PERSONAL INFORMATION

Name:				Date						
Address:		Social Security #								
City/ST:										
Phone:		E-mail Address								
List teachin	g/administrative o									
Name of School			<b>Y</b>	Years			Assignment			
				to						
				to						
				to						
			number of y							
	e your educationa neet if necessary.)	i ministry	m your scho	or and/or m	uie Arch	uiocese of	Louisville.	(Attach		
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	202020		PROGRAN							
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Circle the y	ears in which you	have rece	ived PEIP cr	edit.						
07/08 0	08/09 09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17		
List the cour	se/s taken with PEI	P. (Under	"YEAR" indi	cate 04/05, no	ot "04" etc	. Begin wit	h the most r	recent year.)		
Course #	Course Name	Year	Credit hours	Course #	Cour	se Name	Year	Credit hours		
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				-						
	-				_					

	<b>Bellarmine Univers</b>	Sps	Spalding University					
Name of Progra	am							
List the courses that you will pursue using PEIP credit during this cycle (2017-2018)								
Course #	Course Name	Credit hours	Course #	Course Name	Credit hours			
Are you apply	ing for and/or receiving	other assistan	ce from the univ	versity? If yes, please ex	xplain.			
			ON PROCESS					
NEW APPLICA	ANTS must get a LETTER							
	${f s}$ (or other administrators w			ar the rone wang people.				
	al	• /	Phone					
Pastor/President								
Another Teacher								
Pastor  (for High School Principals: Pastor or Board Chair)				Phone				
Paste			Phone					
	al			<del></del>				

1935 Lewiston Drive Louisville, KY 40216

Deadline for application and  $\underline{all}$  documentation, including supporting recommendations is Friday - March 10, 2017

Notification of awards will be sent in late April or early May, 2017