



Administrative Procedure 423: Studies Incentive Program

APPENDIX I: Loan Application

Name _____ School _____

Present Assignment _____

Total Years Teaching with MHCBE _____

Program of Study _____

University _____

Total Length of Program to Completion and Degree _____

Is there a residency requirement? Yes No

If yes, please explain _____

Brief Overview of Program Schedule:

Year	Months	Activity or Courses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Cost of the Program to Completion:

Tuition	_____
Books	_____
TOTAL	_____

***Please attach:**

1. Proof of registration (or acceptance to the program)
2. Proof of tuition payment.

Requested Loan Advances:

Date	Amount	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Requested Term of the Loan:

12 months 24 months 36 months 48 months 60 months

Loan Payments

Total Loan / Term of the Loan = \$_____ monthly payroll deduction.

Authorization for Payroll Deduction

I, _____, accept a loan in the amount of \$ _____

(Employee Name)

under the Division's Studies Incentive Program, as detailed in [Administrative Procedure 423](#), and agree to repay this loan according to the above loan schedule by way of payroll deductions, to commence _____.

(Date)

I further agree that, if my employment with the Division is terminated, for any reason, during the term of this loan, I accept full liability for the payment of the balance of the loan outstanding at the date of termination and authorize the Division to deduct from any amounts which may be owing by the Division to the employee at the time of cessation of employment, including any wages, holiday pay, pension benefits or other amounts, any amounts which may be owing to the Division as a result of this agreement. Further, if I take a leave of any type, I shall forthwith provide to the Division post-dated cheques for the length of the leave.

I have attached proof of registration or acceptance into the program

I have attached proof of tuition payment

Employee Signature

Date

Superintendent of Schools

Date