

Paraprofessional Summer Stipend Application

A COPY OF THE BURSAR'S RECEIPT, STUDENT TRANSACTION FORM OR GRADE REPORT MUST ACCOMPANY THIS APPLICATION.

STUDENT INFORMATION: *(To Be Completed By Career Training Program Recipient)*

Last Name _____ First Name _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Home phone (____) _____ Work phone (____) _____
 School _____ SS# _____

I understand that I must take and complete six (6) semester hours/credits and must not be working for the Department of Education during the summer while attending college to be eligible for a summer stipend check. I acknowledge reading the fact sheet and understand that if I do not meet all of the requirements to receive a stipend, any monies I may receive in connection with this application will be deducted from my future wages.

Student Signature: _____ Date: _____

COURSE INFORMATION: *(To Be Completed By Participating College/University)*

Note to Instructor: The New York City Department of Education, as part of its collective bargaining agreement with the United Federation of Teachers, provides eligible paraprofessionals a summer stipend based on satisfactory attendance. If the attendance of this paraprofessional has been satisfactory for the first full two weeks of the course, please sign below.

College Attending: _____
 (Do Not Abbreviate)

Course 1:

Course Name: _____ Section/No: _____

Class Start Date: ____/____/____
 Mo Day Yr. Class End Date: ____/____/____
 Mo Day Yr.

The attendance of the student listed above has been satisfactory for the first two (2) weeks of my course/class.

Instructor's Signature: _____ Date: _____

Course 2:

Course Name: _____ Section/No: _____

Class Start Date: ____/____/____
 Mo Day Yr. Class End Date: ____/____/____
 Mo Day Yr.

The attendance of the student listed above has been satisfactory for the first two (2) weeks of my course/class.

Instructor's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

E.I.S. # _____ RSN CODE _____ ORG UNIT _____ AMOUNT _____