

# The Career Training Program:

## PARAPROFESSIONAL SUMMER STIPEND

Paraprofessionals attending and completing six (6) credits/semester hours of study during the summer semester may be eligible to receive a summer stipend. The New York City Public Schools (NYCPS) will pay a stipend of \$40.00 per week (up to six weeks) to each eligible paraprofessional attending college during the summer semester. **Paraprofessionals who work for the NYCPS during the summer are not eligible to participate in this program.** Only classes taken between **07/01/2023-08/17/2023** qualify for the summer stipend.

**NOTE:** To avoid a delay in processing your application, please be sure to accurately complete the entire application and provide all the necessary documentation. Applications may be submitted as soon as summer courses are completed, and unofficial transcripts reflect passing grades.

### REQUIRED DOCUMENTS:

- Summer Stipend Application (you must include all course information, class start date, end date, and the professor's signature.)
- A copy of the bursar's receipt, grade report, or unofficial transcript (**must indicate passing grades.**)
- We will only accept applications with the required documentation indicating a passing grade.
- Applicants must be payrolled as a full-time paraprofessional at the time of application filing and remain appointed as a full-time paraprofessional for the remainder of the application school year.

### SUMMER STIPEND APPLICATION:

- APPLICATION DEADLINE: **September 30, 2023**

### SUMMER STIPEND APPLICATION SUBMISSION:

Please email, mail, or fax the completed application and all required documents to the following:

- Email: [sispssummerstipend@schools.nyc.gov](mailto:sispssummerstipend@schools.nyc.gov)
- Fax: (718) 935-4262
- Mail: New York City Public Schools  
Division of Human Resources  
Scholarships, Incentives, Pupil Personnel Services  
65 Court Street, Room 508  
Brooklyn, New York 11201  
Attn: CTP Paraprofessional Summer Stipend

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**



## 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 not work for the New York City Public Schools 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 Public Schools (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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr. 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 \_\_\_\_\_