



Office of Professional Development
65 Court Street, Room 504, Brooklyn, New York 11201

Summer Stipend Application

Please print

Last Name _____ First Name _____

Address _____ Apt. # _____ State _____ Zip _____

Home phone (____) _____ SS# _____

School _____ Work phone (____) _____

COURSE INFORMATION:

Note to Instructor: The Department of Education, as part of its collective bargaining agreement with the United Federation of teachers and with District Council 37, Local 372, 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: ____/____/____

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

Instructor's Signature: _____ Date: _____

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 in order 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: _____

Do not write in area below. For Career Training Program Use Only

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