



Department of Education

PARAPROFESSIONAL SUMMER STIPEND APPLICATION

To BE COMPLETED BY CAREER TRAINING PROGRAM RECIPIENT (Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

School \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

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 and 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 \_\_\_\_\_