



Participant Stipend Form

Student Full Name <i>(please print First, Middle Initial & Last Name):</i>
Mailing Address <i>(City, State & Zip):</i>
Taxpayer ID <i>(Social Security Number):</i>
Dates of Project <i>(MM/DD/YY-MM/DD/YY):</i>
Full Description of Participation: <i>(Attach additional page if necessary)</i>
Parent/Guardian Name <i>(please print):</i>
I certify that I have completed the TCC GO program requirements to receive a stipend. Student Signature: _____ Date: _____ I certify that the Taxpayer Identification Number shown at the top of this form is correct and that no order for backup withholding from the IRS exists. I understand that stipend payments are not taxable and are reported on the federal tax form 1099-Misc as "Other Income" and I will be receiving a statement from TCC. Parent/Guardian Signature: _____ Date: _____

To be certified by TCC GO Academic Advisor
I attest that the above named program participant completed the requirements to receive a stipend. Name (print): _____ Date: _____ Signature: _____
Stipend Award Amount: \$ _____
To be certified by TCC GO Project Director or Designee
I certify that this payment is permissible under the terms and conditions stated in the agreement for the above referenced award and that funds are available for this purpose. Project Director or Designee: _____ Date: _____