TCC GO Participant Stipend Form

Student Full Name *(please print First, Middle Initial & Last Name):*
Mailing Address *(City, State & Zip):*
Taxpayer ID *(Social Security Number)***:**
Dates of Project *(MM/DD/YY-MM/DD/YY)***:**
Full Description of Participation: *(Attach additional page if necessary)*
Parent/Guardian Name *(please print)***:**
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 Student Support Coordinator
I attest that the above named program participant completed the requirements to receive a stipend. **Name** (print): _____ **Date**: _____ **Signature**: _____
Stipend Award Amount: $
Notes: