

The City College of New York

Request for Student Stipend

I, _____ hereby grant _____, a

PRINT (Dean/Chairperson/Vice President)

Print Recipient Name (Student)

_____ in the amount of \$_____ to be paid out in ____ increment(s). The
Scholarship **or** Grant

Stipend will cover the period of _____ to _____. The purpose
of the proposed Stipend is _____

Fund Code	Dept. Code	Major Purpose Code	Operating Unit	Program Code	Funding Source	Special Initiatives	Account	Amount
							54151	

Approved: _____ Date: _____

Signature (Dean/Chairperson/VP)

NOTE: This documentation must be submitted in addition to relevant documents. Such as Award Letter, Flyers, brochures, syllabi, email correspondence, etc. The information provided will determine if the student meets the guidelines set by the City University of New York. Incomplete applications or missing documents will result in delayed processing of the application. Once all forms are complete, please **hand deliver original** signed documentation to Accounts Payable WG112.

Semester: _____

The City College of New York
Request for Student Stipend: Part II

1. Last Name _____ First Name _____ Middle Initial _____
2. SSN _____ - _____ - _____ CunyFirst EMPL ID _____
3. Phone No. _____
4. Email _____
5. Address _____ Apt _____
City _____ State _____ Zip Code _____
6. Are you a CUNY student? Yes No
7. Are you a current CUNY employee Yes No

I attest that this Stipend is not being awarded in exchange for providing any goods and/or services to CUNY.

Furthermore, I certify that all information provided and all statements made are true and correct to the best of my knowledge. I understand that if I provide false information or withhold relevant information in order to obtain public funds, The City University may revoke any payments issued. I also understand that I will owe all funds for which I was not entitled.

STUDENT SIGNATURE _____ DATE _____

Note: An Accounts Payable representative will contact the student to verify that all personal information is correct.

For Official Use Only

Confirmed: Date _____ Initials _____

Please hand deliver all documents to: ACCOUNTS PAYABLE WG 112