



Stipend Request Form

CollegeNow Workshop

Name: _____

School: _____

Home Address: _____

City, State, Zip: _____

SS#: _____ - _____ - _____ Email: _____

Are you receiving a stipend from your district? Yes No

Signature: _____ Date: _____

For office use only:

Actual Date(s) and Hours attended _____

Amount of CollegeNow Stipend _____

Approved: Karl Madeo, Director of CollegeNow

Date

Mail: CollegeNow@TC3, Tompkins Cortland Community College, 170 North Street, Dryden, NY 13053

Fax: 607.844.6535

Email: zeppelv@tc3.edu

Questions? 607.844.8222 x4328