



# 2010 Florida Partnership AP Summer Institute Scholarship Recipient Stipend Request Form

Allow 8 weeks from time of receipt for processing.

## Stipend Request Guidelines and Information:

Only requests submitted within 30 days following the Institute will be paid.  
Stipends are considered taxable income. An IRS W-9 Form & SS# must accompany this request.

### Contact Information: ***MUST*** be complete to receive reimbursement.

Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_  
Summer E-Mail: \_\_\_\_\_ @ \_\_\_\_\_  
School Name: \_\_\_\_\_  
Position at School: \_\_\_\_\_  
District Name: \_\_\_\_\_  
School E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

### Institute Attendance: ***MUST*** be complete to receive stipend.

Institute Name: \_\_\_\_\_  
Institute City: \_\_\_\_\_ Dates: \_\_\_\_\_  
Subject Attended: \_\_\_\_\_ Number of Institute Days: \_\_\_\_\_

### FOR COLLEGE BOARD USE ONLY

Invoice Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Total Invoice Amount: \_\_\_\_\_ Sign-off: \_\_\_\_\_  
3050950701014 19007 \_\_\_\_\_  
Financial Comments: \_\_\_\_\_

## Stipend Request

All funds are subject to availability provided by the state of Florida. Stipends are for full institute attendance and are based on \$100 per institute day. No partial stipends will be provided. Stipends are considered taxable income, and an IRS W-9 Form must accompany this request. **Request must be within 30 days following the conclusion of your institute.** You must complete the following to receive your stipend:

Name (Please print): \_\_\_\_\_

Number of Institute Days: \_\_\_\_\_

Total Request (# of days X \$100/per day): \$ \_\_\_\_\_

*Did you attach the appropriate documentation for submission of your request? Please use the check list below:*

Certificate of Attendance from the Institute   
Completed and Signed IRS W-9 Form

**Please Sign:** I declare that this information is true and accurate.

Name \_\_\_\_\_ Date \_\_\_\_\_

### Where To Send Reimbursement Request:

**The College Board Florida Partnership**  
**1545 Raymond Diehl Road, Suite 250**  
**Tallahassee, FL 32308**  
**Phone: 850-521-4900**