

**STIPEND FORM
COLUMBIA UNIVERSITY**

Authorization for payment of (Check one) Fellowship Scholarship Traineeship
(Check one) New Renewal Revision Termination

Name of Recipient (Print or type) _____

NOTE: Recipient cannot be an employee nor a registered student of Columbia University

Name of Award _____

Annual Amount of Award: _____ Period Amt _____ Monthly Amt _____

Period of Award From _____ To _____

Frequency of Payment (Check one) Semester Monthly

Local Check Mailing Address/Check Sequence Code _____

The above named individual is * _____ a candidate for the _____ Degree at _____ and is not required to perform services for the University as a condition of receiving the award. *(Insert the word "not" or specify the Degree and the Educational Institution attended in the appropriate spaces.)

School or Department _____ Department Number _____

Authorized Signature _____

Dean, Chairperson, Department Administrator, Director

Date

NOTE: A LAF must accompany all New Appointments and Renewals to designate the source of funds.

To be completed by the Recipient

Social Security Number _____ Employee ID _____

Address for Tax Purposes _____
(Legal Residence) _____

Citizenship (Check one) United States Other _____
(Specify)

NOTE: Since stipend fellows are not employees of the University, if you are a U.S. citizen or permanent resident, the University does not withhold income taxes from your non-employee fellowship payment. If you are in the U.S. on a visa federal tax may be deducted at the rate of 14% or 30% dependent on visa type. Because the University is not authorized to provide individual tax advice, it is your responsibility to contact a tax accountant to understand the tax implications of receiving this stipend. However you may find it helpful to read the following IRS publications: IRS Publication 970, Pub 54 & Pub 519

I certify that the information given above is correct.

Date

Recipient's Signature