

# Fellowship Stipend

**Dr. Brad Christensen**  
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## Smart Grid for Schools 2020

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, ST, ZIP:** \_\_\_\_\_ **Telephone #:** (     ) \_\_\_\_\_

**School:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

I, \_\_\_\_\_, have fulfilled all contractual obligations during the stated time period including sufficient time and effort as validated by my Faculty Mentor.

(Participant Name)

Event	Price	Exhibit Interactions	Total
<b>Smart Grid for Schools Visit</b>  _____ (DATES)	<b>\$150.00</b>  <small>(Dependent upon timely reporting and shipping)</small>	Total # Students: _____ Grades: _____	
<b>Additional Event(s)</b>  _____ (DATES)	<b>\$100.00</b>  <small>(For evening events, open houses, conferences with adults, or related events.)</small>	Total # Students: _____ Total # Adults: _____  Describe Additional Event(s) <small>(use other side if more space is needed):</small>	<b>\$ _____</b>  <small>(\$250.00 maximum stipend)</small>

*By signing this application, I certify that I performed the event(s) stated above and that this payment does not represent payment for teaching, research, or other services. I understand that this fellowship payment may be taxable income according to federal tax laws and I should consult a tax advisor who is familiar with all the relevant facts for reporting the income on my tax return. Fellowship payments are not reported on a 1099 MISC form so I will maintain a record of all payments made to me on this grant project.*

*\*This advice is general in nature and is not intended as tax advice.*

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Mentor:** Dr. Brad Christensen

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DataTel V# \_\_\_\_\_

Please pay from grant # 11580-02-596009832-660120

**Fiscal Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_