

# Participant Agreement and Payment Request Form

(Participant Name)

(Participant email)

(CWID - Attach a completed W9)

I agree to participate in the \_\_\_\_\_ program at Mines for the applicable semester(s):

Participant's Status (choose one):

U.S. Citizen or Permanent Resident

Non-U.S. Citizen

**NOTE:** To be eligible to participate in federally funded REU or experiential programs, U.S. Citizenship or permanent residence may be required.

I understand the following **Program Requirements:**

As a participant of the program I understand the following **additional requirements** and confirm:

\_\_\_\_\_ *I will notify my mentor if I withdraw from the program for personal or any other reason, and I understand any future stipends and any other support received under this program will cease.*

\_\_\_\_\_ *I understand the stipend and any other support received through this program is taxable income and will be reported to the IRS annually as follows: **Non-Resident Alien Participant:** May be subject to 30% withholding based upon tax treaty and reported on Form 1042-S. **All other Participants:** No withholding, reported on Form 1099 (if payments exceed \$600 in one calendar year).*

## Current Mines students ONLY:

\_\_\_\_\_ *I understand that stipend/subsistence allowances received under federal programs to offset educational expenses may affect other financial aid that is currently part of my financial aid award. The Financial Aid office will make that determination consistent with their published policy regarding outside scholarships and will notify me if there are any changes to my award.*

\_\_\_\_\_ *I am a student in good standing and enrolled in a degree program at Mines leading to a PhD, masters, or baccalaureate degree.*

## Stipend/Subsistence Allowance:

Total Amount \$

Index:

Per period Amount \$

Account Code:

Participant Signature \_\_\_\_\_ PI/Approver Signature \_\_\_\_\_

ORA Signature (if applicable) \_\_\_\_\_ Department Contact \_\_\_\_\_  
(please print)

Financial Aid Signature \_\_\_\_\_

### For AP Use Only:

Banner I-Doc #

Processed by:

Date:

Approved By:

Date: