SUMMER GRANT INFORMATION FORM

Each summer the business office must gather information on stipends for students/faculty/students as well as housing for students. In order to most efficiently gather this information, we ask that this form is completed for each student worker as well as faculty member that will work on your grant during the summer months.

Please note: Summer housing will be provided for only those grants that have pre-approved matching funds. If you are unsure if housing has been pre-approved, please contact Carmesha Jemerson.

Instructions: You can complete this form directly or print it out and write in the information. Either way, the form must have an original signature and please submit the form by Wednesday, May 1st, 2019.

1. Full Name:	Is student a current or future RA?	
2. Hendrix I.D:		
3. Account Number	with Project Code:	
4. Does grant provid	de Hendrix Housing and stu	ident living on campus (\$850 match)?
5. Stipend Payment	Option-check one (if on-lir	ne, double click the shaded box then the "checked, okay" option
☐ Submit time	cards: Please contact Judy	Sherrill if timecards will be submitted.
Receive set	stipend payments: If set sti	pend, complete the following information:
	· ·	stipend to be paid during the summer of 2019 (do not include should be in total):
	ck the STUDENT'S PAY I responding checked pay date	DATES (total amount in (a) will be divided evenly through the es):
□05	5/24/19, Student works May	9 - May 18 (if grant starts June 1, do not check this box)
<u></u> 06	5/7/19, Student works May	19 - June 1 (if grant starts June 1, do not check this box)
<u></u> 06	5/21/19 Student works June	2 – June 15
□07	7/5/19 Student works June 1	16 – June 29
□07	7/19/19, Student works June	e 30 – July 13
□08	8/2/19, Student works July 1	14 – July 27
□08	8/16/19 Student works July	28 – Aug 10
□08	8/30/19, Student works Aug	; 11 – Aug 26
OR		
Chec	k the FACULTY'S PAY D	PATES:
a. List	the total faculty stipend am	nount month during the summer of 2019:
b. Che	ck the FACULTY'S PAY I	DATES:
	6/27/19, \[\]07/30/19, \[\]	08/29/19
c. *Ch	eck the CREF percentage (as agreed per contract, FICA will automatically be removed):
<u>4.</u> :	5%, \[\] 8.5%	*not required
	nt you are agreeing to the te ne Hendrix College Busines	erms above. Upon completion of this form please forward to ss Office by May 1 st , 2019
Project Manager Name		Grant Name and Number
Project Manager Signature		Date