



CERTIFICATION OF STIPENDS FORM

I do certify that I am a participant in a UAPB program entitled _____
and I am not drawing a salary from this program or another Arkansas State agency. I understand that stipends are for “program participation” only, which are supported by a grant, not hours worked.

Print Student/Participant’s Name Date

Sign Student Participant’s Name Date

Signature of Parent or Guardian Date

(Parent signature required only if student is under the age of eighteen (18) years old)

Any alterations or deletions from the language in this document will be returned unprocessed.

Note:

SALARY CAP: 19-11-709(2)(D)(1) Former employee.

If you worked at an Arkansas State Agency within the last twelve (12) calendar months and made less than \$10,500, you will not be affected by the salary requirement above. However, it may require Payroll verification from the agency in which you worked.