

**Stipend Award Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) understand and agree that in order to receive the $500 stipend for the DePaul Data Science Summer Academy, I must meet the following requirements:

* Attend and participate in all sessions
* Abide by the DePaul Code of Student Responsibility <https://www.depaul.edu/university-catalog/academic-handbooks/code-of-student-responsibility/general-information/Pages/default.aspx>
* Abide by the Chicago Public Schools Code of Conduct: <http://cps.edu/Pages/StudentCodeofConduct.aspx>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Student Signature

The section below must also be completed if the student is under the age of 18.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Parent or Guardian Signature