



Support for Teacher Education Programs and Global Student Teaching
PO Box 7718
Ewing, NJ 08628-0718

Global Cooperating Teacher Stipend Form

Name of Student Teacher(s)/Intern(s): _____

Fall Semester Dates: _____ **Spring Semester Dates:** _____

This form is used to process the payment of the cooperating teachers' honorarium; the amount of the honorarium is \$125.00 USD. Please return form to the STEP Office, by email at *STEP@tcnj.edu* or fax 609-637-5196.

The payment/check will be mailed via courier to each overseas school's main office for distribution or to a US mailing address.

Name of Cooperating Teacher: _____

Cooperating Teacher Email: _____

Licensure Area (Certification): _____ **State:** _____

Are you a US citizen? ___ (no) ___ (yes) (US citizens are required to complete a W-9 form.)

If you want the check sent to a US mailing address, please provide the address below:

Optional:

Asian/Pacific Islander African American Hispanic Native American White Other

Name of School _____

Address _____

Signature of Cooperating Teacher: _____ Date: _____