

High Ability Stipend Waiver Form

Participant's Name: _____

Participant's G-number:	
uccessfully complete the program. The	ill be given to all High Ability participants that hese stipends are provided by the Center for and Technology (CMAST) through a grant funded
Check one:	
 I will pay the cost of attendance receive a \$200 stipend at the c 	e for the High Ability program and will onclusion of the program.*
 I will apply the \$200 stipend to Ability program. 	wards my cost of attendance for the High
Participant Signature	 Date
Parent Signature	Date

*The stipend is forfeited if you are dismissed from the program prior to the close of the program.