



**The University Corporation**

Research, Investments and Commercial Services  
California State University, Northridge



Stipends to Non-CSUN Students

**Statement of Participation (Stipends)**

Sponsored Programs

**This letter is to certify that:**

Name: \_\_\_\_\_  
*(As it appears on the Social Security Card)*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Has participated in the following program / activities:**

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

Date of the program/activities: \_\_\_\_\_

**And thereby completed all the necessary requirements to receive the following stipend:**

Amount: \$ \_\_\_\_\_

Project ID: \_\_\_\_\_

Project Title: \_\_\_\_\_

Granting Agency: \_\_\_\_\_

**Program Director:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Participant:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

