

Arrival Form

Word and Sacramento Internship

Student Contact Information:

Name:

Pronouns:

Address:

City/State/Zip:

Email:

Phone:

Supervisor Contact Information:

Name:

Pronouns:

Address:

City/State/Zip:

Email:

Phone:

Weekly Supervisory Meetings:

Period of Internship:

Lay Committee Chair:

Day:

Start Date:

Name:

Time:

End Date:

Pronouns:

Email:

Phone:

Congregational Financial Commitment:

Stipend (minimum \$2,000 per month, if less speak with director of contextual education):

Business Mileage Reimbursement/mile:

If congregation assists with FICA payments, to what degree? (dollar amount):

Other Financials:

Housing and utilities reimbursed

Housing and utilities paid directly to landlord

Housing owned and utilities paid by ministry

Housing not provided (previously agreed upon by approval with Director of Contextual Education)

Travel Contribution (\$500.00)

Internship Fee (\$1,000.00)

Comments: