

Pacific Lutheran Theological Seminary Internship – Arrival Form

Student Contact Information:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

Supervisor's Contact Information:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

Weekly Supervisor Meetings:

Period of Internship:

Lay Intern Committee:

Day: _____ Start Date: _____ Chair Name: _____

Time: _____ End Date: _____ Phone: _____

Email: _____

Congregational Financial Commitment:

Stipend (minimum \$1,600 per month): _____

Business Mileage Reimbursement per mile: _____

Housing and Utilities Reimbursed

Travel Pool Contribution (\$500.00)

Internship Fee (\$1,000.00)

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

Comments:

Please fill out, save and either:

Email: Contexted@plts.edu (or)

Mail: PLTS – Contextual Education Office

2770 Marin Ave.

Berkeley, CA 94708