

Arrival Form Word and Sacrament 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:

Day: _____
Time: _____

Period of Internship:

Start Date: _____
End Date: _____

Lay Committee Chair:

Name: _____
Pronouns: _____
Email: _____
Phone: _____

Congregational Financial Commitment:

Stipend (minimum \$1,800 per month): _____
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: