

Please download this form before filling it out.  
Then complete the form using Adobe Reader or Adobe Acrobat; do not use Preview.

# Arrival Form Word and Service Internship



## Student Contact Information:

Name: Pronouns:  
Address: City/State/Zip:  
Email: Phone:

## Site Supervisor Contact Information:

Name: Pronouns:  
Address: City/State/Zip:  
Email: Phone:

## Congregation Supervisor Contact Information:

Name: Pronouns:  
Address: City/State/Zip:  
Email: Phone:

## Site Supervisor Meetings:

Day:  
Time:

## Period of Internship:

Start Date:  
End Date:

## Lay Committee Chair:

Name:  
Pronouns:  
Email:  
Phone:

## Congregation Supervisor Meetings:

Day:  
Time:

## Other Financials:

## Congregational Financial Commitment:

Monthly Stipend (\$1800/mo. min.):  
Business Mileage Reimbursement /mile:  
If site assists with FICA payments,  
to what degree? (dollar amount):

Housing and utilities reimbursed  
Housing and utilities paid directly to landlord  
Housing owned and utilities paid by ministry  
Housing not provided (by previously agreed upon  
approval with Director of Contextual Education)  
Travel Pool Contribution (\$500.00)  
Internship Fee (\$1,000.00)

Comments:

Please return via email to:  
[contexted@plts.edu](mailto:contexted@plts.edu)