

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:

Day: _____
Time: _____

Period of Internship:

Start Date: _____
End Date: _____

Lay Intern Committee:

Chair Name: _____
Phone: _____
Email: _____

Congregational Financial Commitment:

Stipend (minimum \$1,600 per month): _____
Business Mileage Reimbursement per mile: _____
If congregation assists with FICA payments,
to what degree? (dollar amount): _____

- Housing and Utilities Reimbursed
- Travel Pool Contribution (\$500.00)
- Internship Fee (\$1,000.00)

Comments:

Please fill out, save and either:
Email: Contexted@plts.edu (or)
Mail: PLTS – Contextual Education Office
2000 Center St. Ste. 200
Berkeley, CA 94704