*Christ the Teacher Catholic Schools*

# Application for Intern Stipend

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|---|---|---|---|
| **Name of Intern:** | | | |
| **Mailing Address:** | | | |
| | | | |
| **Local Phone:** | | **Alternate Phone:** | |
| **Placement School:** | | | |
| **Duration of Placement:** | | | |
| **Applicant Signature:** | | **Date:** | |

## Approval

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|---|---|
| ☐ | **Approval granted for 4 monthly payments of $150 = $600** |
| ☐ | **Approval withheld pending** |
| ☐ | **Denied due to** |

Principal's Signature _____ Date _____

Director's Signature _____ Date _____

**Upon approval by the Director of Education a copy of this form is to be forwarded to Accounts Payable and the school Principal. The principal will notify the applicant of the approval status.**