



CPE INTERN/VICARAGE STIPEND

As a result of a generous grant from **Lutheran Charities Foundation**, we are able to offer a stipend to support your training and ministry at Lutheran Senior Services for both the nine- and twelve-month programs. It is our goal to train as many ministers in older adult ministry and CPE as we can. Because we practice good stewardship, we negotiate with each prospective Intern to arrive at the amount of her/his stipend.

CPE is primarily a training opportunity and, secondarily, a source of income, although we realize your need to care for yourself and family so we will be sensitive to your concerns.

Recognizing that each Intern needs a different stipend amount, we want everyone applying to state clearly her/his financial needs. We do not want to discourage anyone from applying because of financial needs, and we will not use this form to screen out qualified candidates. However, we may not be able to offer you the learning opportunity at Lutheran Senior Services if your stipend needs are greater than our available resources.

With the above in mind, please complete the following and return it to the CPE supervisor as soon as possible. Upon receipt and review, we will either grant your stipend request or make an offer, hopefully arriving at a mutually acceptable amount. You may include in your expenses the amount of tuition (\$650 for the first unit; \$550 for each additional consecutive unit). **NOTE: Remember -- the amount of your request is the Gross amount and that you are responsible for paying taxes on your stipend. Include these taxes when you add up your needs and write your total request. LSS withholds the appropriate state, federal, and one-half of your FICA taxes.**

Please list anticipated monthly expenses for each category below:

Housing (Rent or Mortgage)	_____	per month
Utilities (Electricity, Gas, Phone, Water, Trash)	_____	per month
Food	_____	per month
Transportation (Gas, Car Repairs, or Bus Fare)	_____	per month
Medical (Medicine, Doctor Visits, etc.)	_____	per month
Insurance (Car, Health, Life, Homeowner's/Rental, etc.):	_____	per month
Church/Charity	_____	per month
Self Care (Personal Hygiene Products, etc.)	_____	per month
Loans/Credit Cards	_____	per month
CPE Tuition	_____	per month
LCMS Vicarage/Internship fee - \$600 (year)	_____	per month
Taxes	_____	per month
Other/Emergencies	_____	per month
 Total	 \$ _____	 x _____ = \$ _____
	Total Expenses	# of Months
	Per Month	in Program
		Total Amount

Please indicate anticipated income and source other than the stipend during your program: \$_____ per month.
Source: _____.

Additional information we should know regarding your finances: _____

Stipend amount requested: \$ _____

(Signature)

(Date)