



**CLINICAL PASTORAL EDUCATION**  
LUTHERAN SENIOR SERVICES

**Lutheran Senior Services (LSS) CPE**  
**723 S. Laclede Station Rd.**  
**St. Louis, MO 63119**

**CPE RESIDENCY 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 CPE Resident 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 CPE Resident's needs are different, 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 LSS CPE Administrator 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
- LC-MS Only – Vicarage/Internship fee - \$600 (year) \_\_\_\_\_ per month
- Taxes \_\_\_\_\_ per month
- Other/Emergencies \_\_\_\_\_ per month

Total \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total Expenses # of Months Total  
 Per Month in Program 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)