

COMMITMENT FORM FOR AGENCIES

Please complete this form and return it to the Field Education Office by July 20, 2018. If you have any questions, please call the Field Education office at 502-895-3411, ext. 382.

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Name of Agency Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address if different from above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s e-mail Agency e-mail

# STIPEND AND TRAVEL INFORMATION

**Agency Position** (16 hours a week for 34 weeks - $8.25 per hour, includes travel)

[ ]  We will provide the entire stipend of approximately $4,488.00.

[ ]  We cannot provide the entire stipend. Therefore,

[ ]  We apply to participate in the Federal Work Study Program and will meet

the agency portion of 25% ($1,122.00 for the academic year). **NOTE: Not**

 **all agencies are eligible for the Federal Work Study Program.**

OR

[ ]  We propose a sharing of the $4,488.00 for the academic year as follows:

 Agency amount: \_\_\_\_\_\_\_\_\_\_

 LPTS amount: \_\_\_\_\_\_\_\_\_\_ 05/18