



*Bring a spark. Light a fire.*

## Cooperating Teacher Stipend Form

Student Teacher \_\_\_\_\_

Grade/Subject \_\_\_\_\_

### PLACEMENT DATA:

School \_\_\_\_\_

School District \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

TO THE COOPERATING TEACHER: The above information is requested by the Virginia Wesleyan College Business Office in order to process your stipend check. Please complete this form and give it to your student teacher or mail it to the college. Your check will be mailed directly to you after the semester ends.

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