



**Stipend Request Form**

**Personal Information (to be completed by the Requestor)**

<b>Name:</b>	
<b>Mailing Address:</b>	
<b>Primary Phone No:</b>	
<b>Email Address:</b>	
<b>Social Security Number:</b>	
<b>Date of Assignment:</b>	
<b>Location:</b>	

**Assignment Detail (to be completed by the METG)**

<b>Event:</b>	2019 High School Drama Festival (Prelims & Semi-Finals)
<b>Role:</b>	Lead or Assistant Supervisor
<b>Stipend Amount:</b>	\$200.00

\_\_\_\_\_ Please initial here if you are willing to forego payment in lieu of a tax-deductible donation to the METG. If you would like to offer a partial donation, please indicate the amount to be withheld: \$\_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For METG Use Only:**

Request Status: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Amount Distributed: \_\_\_\_\_ Check No. \_\_\_\_\_

Date of Payment \_\_\_\_\_