



Stipend Request Form

Personal Information (to be completed by the Requestor)

Name:	
Mailing Address:	
Primary Phone No:	
Email Address:	
Social Security Number:	
Date of Assignment:	
Location:	

Assignment Detail (to be completed by the METG)

Event:	2019 High School Drama Festival (Prelims & Semi-Finals)
Role:	Shadow Supervisor
Stipend Amount:	\$100.00

_____ 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 _____