



College of Education  
Office of Clinical Experiences & Partnerships  
610-683-4256/jsetliff@kutztown.edu

Vendor #  
(Office Only)

### Mentor Teacher Stipend Verification ~

All information is mandatory to process mentor teacher stipend checks.

The stipend form is due no later than

Stipend checks will be mailed in \_\_\_\_\_ to the home address that you include on this form. Stipend amounts are regulated by the PA Department of Education.

Mentor Teacher Name

SS#

Necessary to process checks

Check if change of name

Home Address

Street

City

State

Zip Code

Check if change of address

Home e-mail

Home phone

School District

Building

Grade/Subject

Work Email

Are you a KU graduate? Yes

No

Year

Degree/Major

Is this your first Student Teacher Candidate from Kutztown University? Yes

No

Please check your placement period: First 8 weeks

Second 8 weeks

Full semester

Name of KU Teacher Candidate

Mentor Teacher Signature:

Office Use Only:

\_\_\_\_\_ \$141.00 (New KU Mentor 8 wk) \_\_\_\_\_ \$282 (Exp. KU Mentor 8 wk) \_\_\_\_\_ \$565 (Mentor Full Semester)

Date \_\_\_\_\_

Parked \_\_\_\_\_



## TEACHER STIPEND PAYMENT SELECTION FORM

ACTION REQUESTED (check one):

NEW

CHANGE

STOP

### SECTION 1: Recipient Information (Please PRINT or TYPE Information)

Remit to Name:

Address:

Phone Number:

### SECTION 2: Financial Institution Information (Please PRINT or TYPE Information)

Account Type (check one):

CHECKING

SAVINGS

Bank Routing Number  
(9-digit number):

Bank Account Number:

Bank Name:

Bank Address:

### SECTION 3: Remittance Information (Please PRINT or TYPE Information)

Please provide an email address and/or fax number below to receive payment advice information.

Email Address:

Fax Number:

### SECTION 4: Request for Check

I choose to receive payment by check.

### SECTION 5: Authorizing Signature

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_