



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
 DEPARTMENT OF
EDUCATION
 Division of Sports and Athletics

2133 Hospital Street Christiansted, St. Croix 00820
 1834 Kongens Gade, Charlotte Amalie, St. Thomas
 00802-6746
 Tel: (340) 778-1095 or (340)774-0100.
ophelia.williams@vide.vi or
sports.athletics@vide.vi

Ophelia Williams-Jackson
 Territorial Director

ATHLETIC COACH STIPEND REQUEST FORM

Please type the requested information, and forward to each office for signature. All spaces must be completed.

COACH'S NAME: _____

SCHOOL: _____ VIDE WORK POSITION: _____

(AFT) EMPLOYEE NUMBER: _____ (NONE AFT.) VENDOR NUMBER _____

SPORT: _____ TITLE: Head Coach /Assistant Coach: _____
 write only one

LEVEL: Varsity/Jr. Varsity/ Elementary: _____ GENDER: Boys, Girls, Co-ed: _____
 write only one write only one

STIPEND AMOUNT: \$ _____

DATE LEAGUE BEGAN: _____ DATE LEAGUE ENDED: _____

TOTAL AMOUNT OF PRACTICE HOURS: _____ GAMES PLAYED: _____ TOURNAMENTS PLAYED _____

MAILING ADDRESS: _____

Did you move within the last year? ()Yes ()No

If yes, Previous Address: _____

E-MAIL ADDRESS: _____ TELEPHONE: _____

 Coach's Signature

 Date

APPROVED/DISAPPROVED

Circle One

 Department Chairperson's Signature (If Applicable)

 Date

APPROVED/DISAPPROVED

Circle One

 Principal's Signature

 Date

APPROVED/DISAPPROVED

Circle One

 Superintendent's Signature

 Date

APPROVED/DISAPPROVED

Circle One

 Director of Sports and Athletics Signature

 Date

APPROVED/DISAPPROVED

Circle One

 Deputy Commissioner's Signature

 Date

Submit a copy of your signed Team Roster, League schedule and Tournament(s) schedule(s)

Thank you for your service!