



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
D E P A R T M E N T O F
EDUCATION
Division of Sports and Athletics

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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: _____

(VI GOV.) EMPLOYEE NUMBER: _____ (NONE VI GOV.) 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 (HOME): _____

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 Stipend Request, Team Roster, League Schedule, and Tournament Schedule(S)

Thank you for your service!