



ROBERT D. CLARK HONORS COLLEGE

INTERNSHIP SCHOLARSHIP APPLICATION

Date: _____

Term/Yr of internship: _____

Before completing this form, make sure the internship meets requirements on the cover page.

Name: _____
Last First MI

Student ID#: _____ E-mail: _____

Mailing Address: _____
Street City/State Zip

Phone: _____ Class Standing: _____

Major/Minor: _____ GPA: _____

Internship Position Title: _____
Examples: Marketing Intern, Graphic Designer, Event Coordinator, Teaching Assistant, etc.

Internship Site Name: _____

Supervisor's Name: _____ Title: _____

Site Mailing Address: _____
Street City/State Zip

Phone: _____ Fax/E-mail: _____

Total number of hours at internship: _____

Are you being paid? _____

Is this a job that you are changing into an internship? _____

If yes, how long have you worked at the organization? _____

Please describe:

What are your learning goals for the internship? What do you hope to achieve and how will this experience fit with your future career plans?

What will be your duties and responsibilities?

With your supervisor's input, describe the supervision, training and feedback you will receive during this experience.

What are your financial needs? What sort of expenses will arise? (e.g. cost of relocation, transportation, living expenses, etc.) Please attach a simple budget of projected expenses, including total expenses. Also include a list of other sources of income. Internship scholarships are not intended to cover salaries or stipends.

I hereby certify that I/this student has been accepted into the above outlined internship position and that this position is non-paid.

Student

Supervisor

Date

Date