

2020 SUMMER GRANT PROGRAM APPLICATION

Applicant Information

Full Name: _____ Class of: _____
Last First M.I.

Address: _____ Phone: _____

E-mail Address: _____ GPA: _____ Class Rank: _____

Internship Information

In addition to providing the information below, attach a position description from the employer to this application.

Position Title: _____

Organization: _____ City, State: _____

Job Duties: _____

Dates: From: _____ To: _____ Hours/Week: _____ Supervisor: _____

Is this internship opportunity TENTATIVE OR CONFIRMED?

If tentative, will you be able to confirm the opportunity within one week if awarded this fellowship?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Will you receive any compensation for your work with this organization?

If yes, explain: _____

Additional Information (*optional*): _____

Certification

I certify that my answers are true and complete to the best of my knowledge. I have submitted the following documents with this application:

- Resume
- Cover Letter
- Internship Position Description

Signature: _____ Date: _____