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**DEVELOP YOUR OWN SUMMER INTERNSHIP  
FUNDING REQUEST APPLICATION 2006  
RETURN BY WEDNESDAY, MAY 10, 2006**

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EMPLOYER COMPLETES SECTIONS ONE, TWO, AND THREE.      STUDENT COMPLETES SECTION FOUR.

**SECTION ONE – EMPLOYER INFORMATION**

Employer/Organization: \_\_\_\_\_

Business Type (check one):    CU Dept.    Profit    Public, Non-Profit    **Private, Non-Profit\*\***

Primary Purpose of Organization (required): \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Website URL: \_\_\_\_\_

**\*\*Private Non-Profit organizations must submit Articles of Incorporation and Tax Exempt Verification**

**SECTION TWO – POSITION INFORMATION**

Position Title: \_\_\_\_\_

Required Qualifications / Skills / Experience / Coursework, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position Description: (To allow for accurate evaluation of internship, include detail or attach full job description.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your Supervisory Plan for this intern (who will oversee work, and ensure quality projects):

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Hours per Week \_\_\_\_\_ Wage per hour \_\_\_\_\_  
Required: DD/MM/YYYY. Minimum 8 weeks      Min. 35 hrs/week      Fed. Min. Wage \$5.15/hour or higher

Work Site Address \_\_\_\_\_  
Department, Address, Floor/Suite, City, State, Zip

**SECTION THREE – APPLICANT INFORMATION**

Student Applicant: \_\_\_\_\_  
Name / CU ID Number / E-mail Address

Funding is limited and provided on a first-come/serve, career appropriate basis until exhausted. Please submit application only if student is a viable candidate for this position with your organization. If funding is approved, employer agrees to provide the academically/career relevant internship as described above for the named student during the employment dates as noted above.

Supervisor's (signature) \_\_\_\_\_ Date \_\_\_\_\_

**SECTION FOUR (to be completed by the student)**

**PLEASE PRINT or TYPE**

Your Name: \_\_\_\_\_ CU ID # \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**PLEASE SUBMIT A RESUME AND A TYPED STATEMENT OF INTEREST ADDRESSING EACH OF THE FOLLOWING QUESTIONS:**

**NOTE: This statement should include at least 1-2 thorough paragraphs per question.**

- Describe your academic and career interests and experience.
- Explain the purpose of the sponsoring organization, and why you want to work for this organization.
- Explain how the previously described internship will provide you with an academic or career-related experience (please be specific and detailed as to the academic relevance or future usefulness of the internship with regard to your career development, and what you hope to learn from the experience.)

**REQUIRED STUDENT CONTACT INFORMATION:**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Cornell College AND Academic Major (s)**

\_\_\_\_\_  
**Class Year (e.g. 2008, 2009)**

\_\_\_\_\_  
**Cornell E-mail Address**

\_\_\_\_\_  
**Ithaca Phone #**

**Ithaca Address:** \_\_\_\_\_  
STREET ADDRESS Apt./Fl. CITY STATE ZIP

**Home Address:** \_\_\_\_\_  
STREET ADDRESS Apt./Fl. CITY STATE ZIP

\_\_\_\_\_  
Area Code / HOME PHONE Area Code/ CELL PHONE HOME E-MAIL ADDRESS

**RETURN COMPLETED FORM AS DIRECTED, OR PROCESSING AND REVIEW MAY BE DELAYED:**

**NON-ITHACA EMPLOYERS**

Cornell Career Services  
203 Barnes Hall  
Cornell University, Ithaca, NY 14853  
phone (607) 255-9046 fax (607) 255-3060

**CORNELL / ITHACA EMPLOYERS**

Office of Financial Aid and Student Employment  
Services, 203 Day Hall  
Cornell University, Ithaca, NY 14853  
phone (607) 255-9051 fax (607) 255-5022

**CORNELL USE ONLY**

RECEIVED: \_\_\_ ARTICLES OF INCORPORATION \_\_\_ TAX EXEMPT \_\_\_ N/A

APPROVED: \_\_\_ YES NO, \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_ NOTIFICATION SENT: DATE \_\_\_\_\_ INITIALS \_\_\_\_\_