

# College Internship Scholarship Application



|   |  |
|---|--|
| Student Name                                  |  |
| Expected duration of internship: _____ weeks. |  |

## Explanation of Financial Need

Please explain any extenuating financial circumstances to the extent you feel comfortable (medical, job loss, unusual expenses, etc).

Do you depend on your family for financial support? Please list any significant family expenses to the extent you feel comfortable (additional siblings in college, etc).

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Please indicate the financial aid you have received by checking the corresponding box.

|   |  |
|---|--|
| Pell Grant  |  |
| Federal Supplemental Educational Opportunity Grants (FSEOG) |  |
| Direct Subsidized Loans                                     |  |
| Federal Perkins Loan  |  |
| Federal Work Study  |  |
| Need-Based State Government Aid (specify):                  |  |
| Need-Based School Aid (specify):                            |  |
| Other (specify):  |  |

Additional comments about your financial need.

Will you still be able to participate in this program if we aren't able to award you a scholarship or if only a partial amount is offered?