

College Internship Need-Based Stipend 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 stipend or if only a partial amount is offered?