**PPPM Public Service Internship Award Cover Sheet**

***Use cursor to move between fields***

**STUDENT INFORMATION**

Name

Student ID

Phone

E-mail

**Degree Program**

Undergraduate PPPM Major  Master of Community and Regional Planning  Master of Public Administration Master of Nonprofit Management

**INTERNSHIP INFORMATION**

Organization

Location

Web site

Site Supervisor

Supervisor’s Title

Phone /E-mail

Internship start date: month       year

Internship end date: month       year

Average hours per week:       Is this a paid internship? Yes  No

Will you register for academic credit\* (PPPM 404/604)? Yes  No

*\*Students are not required to register for academic credit. Award recipients who complete a non-credit internship must submit midterm and final reports to the award committee.*

**Budget Information**

**Total estimate of expenses**

Description Amount

|  |  |  |  |
| --- | --- | --- | --- |
| Travel |  |  | $ |
| Living expenses |  |  | $ |
| Transportation |  |  | $ |
| Tuition and fees |  |  | $ |
| Other (specify) |  |  | $ |

|  |  |  |
| --- | --- | --- |
|  | Total Expenses | $ |

**Funding available from non-PPPM sources (e.g., other grants, financial aid, self-funded)**

Description of Source Amount

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | $ |  | |  | |
|  | | $ |  | |  | |
|  | | $ | Sub-total | | $ | |
|  | |  |  | |  | |
|  | **Total PPPM Award Request** | | | $ | |