**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**  | $       |