

The Kristine and John Simmons Public Policy Internship Fund Application Form

Submit to: CoLA Assistant Dean John Smithgall, jssgla@rit.edu

Materials needed for submittal:

- Filled out and signed application form (applicant and chair of department)
- Verification of internship offer
(Must include verification of all information in "Internship Information" (section 2))
- Budget Worksheet (see attached)

1. Individual Information: Student Name: _____

E-mail: _____ UID: _____

Program: _____ Academic Year Level: _____ Current Cumulative GPA: _____

How did you learn about this internship? Internet search RIT contact

Other: _____

Have you participated in/obtained previous RIT internships or co-ops?

No. This is the first.

Yes. List dates, agencies: _____

2. Internship/Co-op Information:

Agency: _____

Address: _____

• Title of internship/co-op: _____

• Contact person/supervisor:

Name: _____ Title: _____

Phone: _____ e-mail: _____

• Dates: Begin: _____ End: _____

• Please check one: remote in-person (City, State): _____

• Is this a paid internship/co-op?

No Yes Hourly rate: _____ or Stipend: _____

• Please check one: Full-time Part-time (Hours per week): _____

• Description of Duties: _____

3. Public Policy/Advocacy/Service/Government Affairs:

Describe why you are interested in public policy/advocacy, public service, and/or government affairs.

What experience(s) have you had, academically (coursework, RIT organizations, etc.) and/or “real-world,” that demonstrate your interest?

What do you hope to gain/learn from this internship/co-op that will assist your academic and professional plans/goals in relation to the area(s) of public policy/advocacy/service and/or government affairs?

4. Additional Funding:

I have or will be receiving additional funding from another organization:

No Yes \$ _____ Organization: _____

I have or will be applying for funding from another organization: No Yes Unsure

If yes, which organization, if known: _____

NOTE: You agree to inform the Sullivan Internship Fund administration if additional funding becomes available to you. (If you are granted Sullivan funds, this information will not reduce the amount of the award.)

If you have additional related information you would like the committee to consider, please attach in a separate page.

5. Attestations:

I certify that the information contained in this application is true, accurate, and complete to the best of my knowledge, and that the internship/co-op for which I seek support will be credited toward my undergraduate RIT program of study. I further agree to submit a 2 – 3 page summary of my experience to the College of Liberal Arts Dean’s Office within three weeks of the beginning of the semester following this internship.

Student Signature

Date

I have read this proposal from _____, a student enrolled in my department’s program, and attest that this internship/co-op has value with regard to the student’s professional preparation.

Chair of Degree Program Signature

Date

BUDGET WORKSHEET

(Budget worksheet to be submitted with the following application forms)

- * Clark Internship Support Application
- * Simmons Internship Fund Application
- * Student Conference Fund Application
- * Student Research Fund Application
- * Student Study Abroad/Research Travel Application

Instructions: Complete the budget worksheet below by entering the estimated expense total costs into Column 2. The total expenses amount will automatically calculate at the bottom of the worksheet. Column 3 may be used for any additional comments and notes to explain your expenses.

LODGING EXPENSES	Estimated Total Cost	** Please use this column for any additional comments and notes **
Hotel Accommodations \$_____per night		
Housing/Rent \$_____per month or \$_____per week		
LODGING TOTAL		
TRANSPORTATION EXPENSES	Estimated Total Cost	
Airfare		
Taxi, Rideshare fees (Uber)		
Public Transit		
Parking		
Mileage (Includes gas) (Total Miles) x (Current Rate) = _____		* If traveling with other students in a carpool, only the driver can be reimbursed for mileage.
TRANSPORTATION TOTAL		
MEAL EXPENSES	Estimated Total Cost	
Food/Drinks (Non-Alcoholic)		
Other (Specify): _____		
MEAL TOTAL		
CONFERENCE EXPENSES	Estimated Total Cost	
Registration Fees		
Poster Fees		
CONFERENCE TOTAL		
RESEARCH EXPENSES	Estimated Total Cost	
Gift Cards - Amazon, etc.		
Equipment Fees		
RESEARCH TOTAL		
MISCELLANEOUS EXPENSES (List Below)	Estimated Total Cost	
MISCELLANEOUS EXPENSE TOTAL		
TOTAL EXPENSES		