

**Application: The Kristine and John Simmons Public Policy Internship Fund**  
Submit to: CoLA Assistant Dean John Smithgall, [jssgla@rit.edu](mailto: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: \_\_\_\_\_ virtual \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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P.2 Student: \_\_\_\_\_

**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, \_\_\_\_\_ (*chair’s printed name*), 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