



Super Internship Application

Student ID Number:		Class Year:	
Name:			
(Last)	(First)	(Middle Initial)	
Phone Number:	Campus Box:		
Email Address:			
POE:			
Secondary Emphasis (if app	olicable):		
Amount of internship supp cost of estimated living exp		(Limited to the lesser of \$5000 or total	
Priority will be given	to first time recipients witl	ophomore, junior carrying a GPA of 3.0 or greater h a two-time funding limit. Deadline: March 1 dditional candidates after this date pending	
In addition to this form, plo ☐ Resume	ease submit the followin	g application materials:	
☐ Transcript			
☐ Faculty Recommendati	on (form provided).		
•		n, name of supervisor, hours of work, start date, of supervision given, hourly pay/stipend amount.	
	•	this experience will advance you this experience. How this funding will be o	
☐ Estimate of living expense the internship opportunity (b	· ·	ard, transportation, other incidental costs) for nd not guess amounts).	
Signature:		Date:	

Please submit completed application materials to Tammy Stuber - QUEST Career Development, Founders Hall, 2nd Floor or email at stubert@juniata.edu