

## **Super Internship Application**

Student ID Number:	<del></del>	Class Year:	
Name:			
(Last)	(First)	(Middle Initial)	
Phone Number:		Campus Box:	
Email Address:			
POE:		<del></del>	
Secondary Emphasis (if ap	plicable):		
Amount of internship supp cost of estimated living ex		_ (Limited to the lesser of \$5000 or total	
Priority will be given	to first time recipients with th (Note: this is a rolling da	phomore, junior carrying a GPA of 3.0 or great n a two-time funding limit. te. We will consider additional candidates afte	
In addition to this form, pl	ease submit the following	g application materials:	
□ Resume			
☐ Transcript			
☐ Faculty Recommendati	on (form provided).		
•	. ,	, name of supervisor, hours of work, start date f supervision given, hourly pay/stipend amoun	
	· -	pals. How this experience will advance you this experience. How this funding will be	
internship opportunity (base	d on actual research and no	ord, transportation, other incidental costs) for to t guess amounts). Form available at elopment/students/internships/super.php	he
Signature:		Date:	
DI.		valiantina anntoviale to.	

Please submit completed application materials to:

Tammy Stuber - Career Development, Founders Hall, 2nd Floor or email at stubert@juniata.edu