

Highlander Works Grant Program

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Student InternName _____

Student InternStudent ID _____ Student Intern Email: _____

/ v š OE v W } •] Y } v d] š o W _____

SupervisorName: _____ Supervisor d] š o : _____

SupervisorPhone _____ SupervisorEmail: _____

Name of Organization: _____

Street Address _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Number of Hours Per Week: _____ Number of Weeks: _____

Rate of pay (if applicable) _____ /hour or _____ /week d } š Pay: _____

Please provide brief description of duties _____

SIGNATURES

Ç •] P v] v P š Z] • (} OE u U š Z] v š OE v v š Z • µ % OE À] • } OE P OE š } š Z š OE u •

Student InternSignature _____

Date: _____

Supervisor