

SPONSORING ORGANIZATION FORM

**2011 Summer Insurance Internship
Insurance and Risk Management Program
Scott College of Business
Indiana State University**

Please complete this form and return to Rebecca (Shorter) Wray at Rebecca.wray@indstate.edu or fax to 812-237-4374. Please include a job description of the internship position. If you have questions or need additional information, please call Rebecca (Shorter) Wray at 812-237-8924. Thank you.

Name of Sponsoring Organization: _____

Contact Person For Internship At Sponsoring Organization:

Name: _____

Title: _____

Address: _____

Telephone: _____ E-mail: _____

Our organization will sponsor: One _____ Two _____ More _____ **student interns for summer 2010.**

Areas or departments where student(s) would likely be assigned:

Do you have any requirements for these intern positions (“college sophomore, etc.”) ?

Do you have any preferences for these intern positions (“knows word processing”) ?

Anticipated Wage/Hour: _____ \$10 _____ \$12 _____ Other

Will the intern work with children or other vulnerable populations? _____ yes _____ no

Our organization will not sponsor an intern for 2011, but we suggest you contact:

You may mail this form to:

Insurance and Risk Management Program
Scott College of Business, 922
Indiana State University
Terre Haute, IN 47809