

## Career Center Internship Agreement and Scholarship Application Form

Every student participating in an internship or co-op (both credit and non-credit experiences) must provide proper documentation prior to the start of the experience. The Internship Agreement and Scholarship Application Form should be signed by all actively involved parties and forwarded to the Career Center.

### Applicant Information

**Full Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
*Last First M.I.*

**Campus Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State Zip Code*

**Cell Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **Class Standing:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**Term of Internship/Co-Op:** Fall Spring Summer **Total Hours in Internship:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Position Description Summary** (1-2 sentences max; does not take the place of a full job description.):

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Pay Rate (If Applicable):** \_\_\_\_\_

**Would you like to be considered for any of the following \$1,000 scholarships? (Check only one)**

**Focus Indiana Internship Scholarship**

**Rex Breeden Endowment Scholarship**

### Student Disclaimer and Signature

ISU is sometimes approached by the media to release information related to students involved in experiential learning experiences; likewise, ISU occasionally creates publications, articles, etc. that feature such experiences. If you give permission for usage of your experience, photos, name, and contact information, then please indicate so by checking the noted box.

**No, I would rather not participate.**

**Yes, I agree to share my experience.**

I am in good academic and conduct standing with the University, and give my consent for verification of such. I have met with my Internship/Co-Op Site Supervisor and agree to the terms under which this internship/co-op has been created. I will perform all assigned duties to the best of my ability, satisfactorily meeting all requirements noted in my Position Description, which has been approved by my Site Supervisor and Faculty (for credit internships), and I will pay all applicable University fees while on assignment.

Should I unjustly fail to meet these requirements, I may be withdrawn from the agreement, forfeit any academic credit, and lose any scholarships related to this experience.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internship/Co-Op Site Supervisor**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip Code*

**Name of Mentor/Supervisor:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Indiana State University Alumni:**      **Yes**      **No**

ISU is sometimes approached by the media to release information related to students involved in internships/co-op; likewise, ISU occasionally creates publications, articles, etc. that feature internships/co-op. If you give permission for usage of your experience, photos, name, and contact information, then please indicate so by checking the noted box.

**No, I would rather not participate.**      **Yes, I agree to share my experience.**

I have collaborated with the student in creating the Position Description so that it meets all individualized academic and scholarship criteria (where applicable). I will provide supervision of the student throughout the experience, evaluate the student's performance utilizing the methods provided as requested by the academic department and scholarship programs, and will provide the student with the same consideration of health, safety, and working conditions afforded other full-time employees. We are an AA/EEO employer.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Supervisor**

**Full Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Is this experience for credit?**      Yes      No

**If yes, Course Number:** \_\_\_\_\_ **Credit Hours:** \_\_\_\_\_

**Would you like for the Career Center to send evaluation out for this experience?**      **Yes**      **No**

I have reviewed the student's Internship Agreement and Position Description, and acknowledge the student's participation in an appropriate internship. I have verified that all class enrollment requirements will be met and that upon successful completion of this internship/co-op, and compliance with all departmental requirements, the academic department will grant academic credit to the student for this experience if it is for credit.

**Faculty's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ISU Career Center**

The form is received by the Career Center, is acceptably completed, proper signatures have been completed, and a position description is attached.

**Career Center Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Is the student eligible for Focus Indiana Scholarship?**      Yes      No

**Is the student eligible for Rex Breeden Scholarship?**      Yes      No

**Is the student in Good Judicial Standing?**      Yes      No

**Verify GPA:** \_\_\_\_\_

## Recommendation Form

This form must be completed and signed by a faculty or staff member. Please assess the student fairly and impartially. The completed form should be placed in a sealed envelope and returned to the Career Center.

**Applicant's Name:**

**How long have you known the applicant?**

**In what capacity have you know the applicant?**

**Additional comments:**

**Please rate the student in the categories listed using the following key:**

4 = Outstanding 3 = Good 2 = Average 1 = Below Average X = Not Observed

\_\_\_ **Academic Performance**

\_\_\_ **Regular Attendance**

\_\_\_ **Participation/Dependability**

\_\_\_ **Quality of Speaking Skills**

\_\_\_ **Quality of Writing Skills**

\_\_\_ **Initiative/Effort**

\_\_\_ **Problem Solving Skills**

\_\_\_ **Works Well with Others**

\_\_\_ **Completes Assignments on Time**

\_\_\_ **Creativity/Resourcefulness**

\_\_\_ **Dependability**

\_\_\_ **Demonstrates Leadership Skills**

**Recommender's Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Internship Checklist

Please make sure you have all these items completed and submitted to the Career Center.

### **All students must submit:**

\_\_\_\_\_ Internship Agreement Form

\_\_\_\_\_ Position Description

### **Additional Documentation Requirement for Focus Indiana and Rex Breeden Internship Scholarships:**

\_\_\_\_\_ Resume

\_\_\_\_\_ Cover Letter

\_\_\_\_\_ Recommendation letter or form – completed and signed by faculty or staff member