**Sacerdote Internship Grants for Museums Concentration Students**

**Application Form**

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| Name:  | Graduation Year:  |
| Concentration Advisor: |
| **Internship Information**(Please feel free to transfer this information directly from your Practical Experience Approval Form) |
| Site for Proposed Internship, Volunteer, or Work Experience | Name of Site: SupervisorName and Title: Phone:Email Address: |
| Description of Proposed Internship, Volunteer, or Work Experience |  |
| Begin and end dates |  |
| Anticipated total work hours |  |
|  |
| 1. Has your adviser signed-off on this internship using the **Practical Experience Approval Form**?
 | YES | NO (If no, you will be considered for funding, but it cannot be granted until you have submitted the signed approval form) |
| 1. Have you already used Praxis to fund a summer internship?
 | YES | NO |
| 1. If you answered no to question 2, is this internship eligible for Praxis funding?
 | YES | NO |
| 1. Will you be receiving a salary or stipend for your internship from the host organization?
 | YES | NO |
| 1. If you answered yes to question 4, how much will you be paid?

(ex. stipend amount or pay per hour)If you are being paid, please explain how the additional support of this grant will assist you: 1. Is there any other information about this internship or your financial need that would be important for the committee to consider in making a decision?
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| **Payment Information** (In the event you receive funding) |
| I am currently active for Direct Deposit | YES | NO |
| If you answered no, please provide the correct address where a check should be mailed: |
| **Signature** |
| By signing this form, I authorize Student Financial Services to provide the Internship Grant review committee a basic level of my financial need as determined by their office. |
| Signature:  | Date:  |