

CORNELL UNIVERSITY

2010 DEVELOP YOUR OWN INTERNSHIP PROGRAM FUNDING APPLICATION

Submission is recommended by May 21, 2010; reviews and approvals continue until funding is depleted.

EMPLOYER COMPLETES SECTIONS ONE, TWO, AND THREE AND SUBMITS A W-9 FORM. STUDENT COMPLETES SECTION FOUR. PLEASE SUBMIT ALL SECTIONS AT THE SAME TIME.

SECTION ONE – EMPLOYER INFORMATION

Employer/Organization _____

Business Type (check one) __ CU Dept. __ Profit* __ Public, Non-Profit __ Private, Non-Profit**

Primary Purpose of Organization (required) _____

Website URL (required if you have one) _____

Supervisor Name & Title* _____

Street _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-mail Address _____

Please direct hiring forms to HR (other): _____
name, address, and e-mail

* If for-profit, please indicate the number of employees in your organization: _____

**Private Non-Profit organizations must submit Articles of Incorporation and Tax Exempt Verification

SECTION TWO – POSITION INFORMATION (attach additional page if necessary)

Position Title _____

Required Qualifications / Skills / Experience / Coursework, etc.

Position Description (For accurate evaluation of internship, include detail or attach full job description.)

Describe your Supervisory Plan for this intern (who will oversee work, and ensure quality projects)

Dates of Employment _____ to _____ Hours per Week _____ Wage per hour _____
Required: DD/MM/YYYY. Minimum 8 weeks Min. 35 hrs/week Fed. Min. Wage \$7.25/hr or higher

Work Site Address _____
Department, Address, Floor/Suite, City, State, Zip

SECTION THREE – APPLICANT INFORMATION

Student Applicant: _____
Name / CU ID Number / E-mail Address

Funding is limited and provided on a first-come/serve, career appropriate basis until exhausted. Please submit application only if student is a viable candidate for this position with your organization. If funding is approved, employer agrees to provide the academically/career relevant internship as described above for the named student during the employment dates as noted above.

Your signature confirms agreement to and understanding of the DYOP Program requirements, as outlined in the employer cover letter.

Supervisor's (signature) _____ Date _____

SECTION FOUR (to be completed by the student) PLEASE PRINT or TYPE

Your Name _____ CU ID # _____

Employer/Organization _____

Supervisor's Name _____

PLEASE SUBMIT A RESUME AND A TYPED STATEMENT OF INTEREST ADDRESSING EACH OF THE FOLLOWING QUESTIONS:

NOTE: Your responses should include at least 1-2 thorough paragraphs per question.

- A) Describe your academic and career interests and experience.
- B) Explain the purpose of the sponsoring organization, and why you want to work for this organization.
- C) Explain how the previously described internship will provide you with an academic or career-related experience. Please be specific and detailed as to the academic relevance or future usefulness of the internship with regard to your career development, and what you hope to learn from the experience.

REQUIRED STUDENT SIGNATURE AND CONTACT INFORMATION:

Your Signature Date

Cornell College AND Academic Major (s) Class Year (e.g. 2012, 2013)

Cornell NetID Cell Phone # Ithaca Phone #

Ithaca Address

Street Address Apt./Fl. City State Zip Code

Home Address

Street Address Apt./Fl. City State Zip Code

Area Code / Home Phone Area Code/ Cell Phone Home Email Address

RETURN COMPLETED FORM AS DIRECTED, OR PROCESSING AND REVIEW MAY BE DELAYED:

NON-ITHACA EMPLOYERS

Cornell Career Services
203 Barnes Hall
Cornell University, Ithaca, NY 14853
Phone (607) 255-9046 Fax (607) 255-3060

CORNELL / ITHACA EMPLOYERS

Financial Aid and Student Employment
203 Day Hall
Cornell University, Ithaca, NY 14853
Phone (607) 255-9051 Fax (607) 255-5022

CORNELL USE ONLY

RECEIVED: _____ ARTICLES OF INCORPORATION _____ TAX EXEMPT _____ W-9 FORM

APPROVED: _____ YES _____ NO _____

EMPLOYER TYPE: _____ NOT-FOR-PROFIT _____ FOR-PROFIT _____ COMMUNITY SERVICE

NOTIFICATION SENT: _____ DATE _____ INITIALS _____