

CORNELL UNIVERSITY

2014 DEVELOP YOUR OWN INTERNSHIP PROGRAM FUNDING APPLICATION

Submission is recommended by May 16, 2014; 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) __ 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, phone 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 \$8.00/hr or higher

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

SECTION THREE – APPLICANT INFORMATION

Student Applicant Name: _____

Cornell ID#: _____ Cornell NetID/email 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 DYO 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. (100 word minimum)
- B) Explain the purpose of the sponsoring organization, and why you want to work for this organization. (75 word minimum)
- C) Explain how the internship described by your potential employer 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. (100 word minimum)

REQUIRED STUDENT SIGNATURE AND CONTACT INFORMATION:

____ I confirm that I am a registered student at Cornell, or with a study abroad or similar academic program for Spring 2014, and not graduating before December 2014.

____ I confirm that I will be a registered student at Cornell, or with a study abroad or similar academic program, in Fall 2014.

Your Signature Date

Cornell College AND Academic Major (s) Class Year (e.g. 2017, 2016)

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:

OFF-CAMPUS EMPLOYERS

Nancy Law, Cornell Career Services, 210 Barnes Hall, Ithaca, NY 14853

Phone (607) 255-9046 Fax (607) 255-3060 NFL1@cornell.edu

CORNELL USE ONLY

RECEIVED: _____ ARTICLES OF INCORPORATION _____ TAX EXEMPT _____ W-9 FORM
 APPROVED: _____ YES _____ NO _____ REIMBURSEMENT % _____
 EMPLOYER TYPE: _____ NOT-FOR-PROFIT _____ FOR-PROFIT _____ COMMUNITY SERVICE
 EMPLOYER APPROVAL SENT: DATE _____ INITIALS _____
 STUDENT APPROVAL SENT: DATE _____ INITIALS _____