

75 Park Street, Williamstown, MA 01267

tel 413.597.2311, wcc@williams.edu careers.williams.edu

**2020 Williams College Alumni Sponsored Internship Program Application**

**Internship Supervisor Verification Form**

A Williams student will be submitting an application for our Alumni Sponsored Internship Program (ASIP) Grant. The funding is used to help students with miscellaneous expenses during their summer internship. We are not providing funding for travel or lodging this year. This Internship Supervisor Verification Form is a component of the application. This document will only be used to evaluate the student’s application, and will not be made available to any other institution or private party.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Web Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of work weeks\_\_\_\_\_\_\_\_\_ Number of hours per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you charging a fee for this summer internship? (Circle: Yes or No) If yes, fee amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the answers to the following five questions and print, sign and date this Internship Supervisor Verification Form. **Please return this completed and signed form to the student via email by**

**Monday, April 27, 2020.** The student will submit this document as a part of the ASIP Application Packet.

1. Will this internship primarily be “remote” or on location?
2. If this is a domestic (on-site on location) internship, what are the social distancing and safety protocols that your organization has established?
3. Please provide the student’s summer internship description (feel free to cut and paste this information from your internship posting) Also, describe any specific projects that the student will work on this summer.
4. How will you support/mentor students (virtually or on-site) during this internship?
5. What are the deliverables/learning outcomes for the student during this internship?
6. Is the student receiving compensation from your organization? If yes, how much?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor (Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor (Signature) Date

If you have questions, please contact Dawn M. Dellea, Manager, Alumni & Parent Engagement Programs, ’68 Center for Career Exploration, Williams College via email at ddellea@williams.edu.