

# APPLICATION for Summer Intern Scholarship Program



## **APPLICANT INFORMATION**

Date:

Applicant Name:

Mailing Address:

Cell Phone:

Other Phone:

Email Address:

## **SCHOOL INFORMATION**

Name of post-secondary school you  
will attend after the summer:

Return to School Date\*:

Degree or Certification Sought:

Expected Graduation Date:

\*You must provide proof of enrollment for the Fall term before payment of scholarship.

Applicant Signature/Date: \_\_\_\_\_

The Summer Internship/Scholarship Program is subject to the terms and conditions outlined in the Summer Intern Scholarship Program information sheet. Your signature on this document signifies you have read and understand those terms and conditions.

## **EMPLOYMENT INFORMATION –To be completed by manager**

|   |    |
|---|----|
| Position Hired For:   |    |
| Date of Hire:   |    |
| Last Day Worked:  |    |
| Was employee available during entire period required?   |    |
| If not, was the period of unavailability due to approved reasons that leave the intern eligible for the scholarship, please cite reason(s): |    |
| Eligible years intern has worked for AAA (beginning with 2015):   |    |
| Manager Requests Payment of:  | \$ |
| Manager Signature/Date:   |    |