**Wellesley College Women’s and Gender Studies Department**

**Summer 2015 Internship**

**APPLICATION FORM**

Date:

Applicant Name:

College ID#:

Telephone #:

Email Address:

Majors(s)/Minor:

Permanent Address, telephone #, and email address (if different than above)

Name of the Wellesley College faculty member who has agreed to serve of a reference for this WGST internship application, with campus telephone # and email address :

Organization/Agency Name:

Organization/Agency Address (post and website URL):

Name and Title of Internship Supervisor/Contact:

Internship Supervisor’s Telephone # & Email Address:

Internship Start and End Dates (proposed):

# hours/week

# weeks

This internship is paid or unpaid (other than the WGST stipend)?

Have you applied for other potential sources of funding for this internship? If so, what sources?

I have carefully reviewed, understand, and agree to the guidelines and requirement for the WGST Summer 2015 Internship Stipend.

*Sign and date*