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**Internship Placement Application Form**

***Use this form to request an intern for Summer 2020***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **My organization is interested in hosting an Academy intern for 12 weeks from May/June** |
|  | **through August/September 2020. Our ideal start date for an intern is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please indicate which Academy internship program your organization would like to host an intern from:**

|  |  |
| --- | --- |
|  | Merton C. Bernstein Internship on Social Insurance(policy, communications, research) |
|  | Somers Aging and Long-Term Care Research Internship (research and writing focus) |
|  | Eileen Sweeney Graduate Internship in Disability Policy |
|  | Rashi Fein Internship on Health Policy |
|  | Congressman Pete Stark Health Policy Internship (graduate students only) |

**Will you supervise the Academy intern personally?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If not, who will be supervising the Academy Intern?**

Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department in which student would work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Description**

Summarize the possible project that a qualified student would be assigned and, if applicable, the portion of the project expected to be completed during the May/June through August/ September period.

What are the essential functions you might expect them to perform?

Will there be a project take away for them?

Are you prepared to provide reasonable accommodations for a qualified applicant with a disability?

Please provide as much detail as possible to make it appealing and substantiveto prospective interns.

**Student Qualifications:** *(Please note if required (r) or preferred (p).*

Prior Course Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other necessary qualifications:

**Program Funding:** Each intern receives a $4,500 honorarium payment to help defray living expenses in the Washington, DC metro area for the summer. To ensure that no student has to turn down the internship offer, the Academy may provide additional resources to support living expenses for students who express financial hardship. The Academy’s total cost (including recruitment, placement, and ongoing support to each intern throughout the 12-week program) is approximately $7,500/intern.

**Will your organization be able to contribute to the full cost of the program ($7,500)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will your organization be able to contribute at least $4,500 to cover your intern’s honorarium (by June 30, 2019)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have a limited budget, please indicate what amount you will be able to contribute (by June 30, 2020). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Academy is committed to providing the best possible professional experience for each intern. Lack of funding will not disqualify promising placement opportunities, but adequate funding is taken into consideration as we determine the size of the 2020 cohort and how many students we can serve. Thank you for your support.

**Send your completed form by e-mail to bgoldschmidt@nasi.org**

**You may also mail the form to:**

**Barbara Goldschmidt**

**Program Coordinator**

**National Academy of Social Insurance**

**1200 New Hampshire Avenue, NW, Suite 830**

**Washington, DC 20036**