

**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 \_\_\_\_\_