Please save this form, type your responses, save it electronically as a PDF and then upload when you submit your online application.   
  
*\*Students completing experiences during the academic year are only eligible to apply for internship expenses "over and above" what they would have incurred if they were taking “regular” courses.*

|  |  |
| --- | --- |
| **FIRST & LAST NAME** |  |

|  |  |
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| **LOCATION INFORMATION** | **City + State (include country if outside of the U.S.)** |
| Location of your experience |  |
| Location of your housing during the experience |  |
| Your location BEFORE the experience |  |
| Your location AFTER the experience |  |

|  |  |
| --- | --- |
| **EXPENSES**  *\*Please include your total expenses, regardless of the maximum award you may receive.* | **BUDGET AMOUNT** |
| **Housing**  *\*Please include your housing expenses if you will be paying rent. Do not include if you will be living with a parent/guardian or at your home address.*  Dates housing needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated expense per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Total housing expense:**  *If you are submitting a housing expense for an academic year internship, please describe where you will be living and why this is an addition expense that you would not have incurred if you were taking regular courses on campus.* | **$\_\_\_\_\_\_\_\_** |
| **Daily transportation (daily commuting)**  Estimated # of miles from your housing to your internship (each way): \_\_\_\_\_\_\_  Estimated # of miles driven throughout the internship:\_\_\_\_\_\_\_\_\_  Driving expense ($0.585 per mile for driving): $\_\_\_\_\_\_\_\_\_\_\_\_  Other commuting expense (e.g., bus pass): $\_\_\_\_\_\_\_\_\_\_\_\_  *Description of other commuting expense:*  **Total commuting expense (may be limited to maximum of $600):** | **$\_\_\_\_\_\_\_\_** |
| **Transportation to and from internship location**  Airfare expense: $\_\_\_\_\_\_\_\_\_\_\_\_  *Please save and upload an electronic copy (PDF or document) of purchased airfare or current ticket price with your application.*  Driving expense ($0.585/mile if driving): $\_\_\_\_\_\_\_\_\_\_\_\_  Other transportation expense (explain): $\_\_\_\_\_\_\_\_\_\_\_\_  **Total travel expense:** | **$\_\_\_\_\_\_\_\_** |
| **Food/groceries** *\*If budgeting more than $80/week, please include a brief explanation.*  Estimated expense for food/groceries per week (typically $80): $\_\_\_\_\_\_\_\_\_\_  **Total expense:** | **$\_\_\_\_\_\_\_\_** |
| **Other expenses (please describe):**  *If you are seeking funding for Professional Attire (max of $200) or expenses related to licensure, please include here. NOT ELIGIBLE: materials for your internship organization, passports, cell phone plan, toiletries, computer, software, camera, auto insurance, etc.* | **$\_\_\_\_\_\_\_\_** |
| **TOTAL EXPENSES (A)** | **$\_\_\_\_\_\_ (A)** |

|  |  |
| --- | --- |
| **SOURCES OF SUPPORT** | **$ AMOUNT** |
| **Employer-provided compensation (including stipend and/or wages)**  *If you will receive compensation, pleas describe it here:* | **$\_\_\_\_\_\_\_\_** |
| **Other scholarships/grants**  *Have you received or will you apply for any other scholarships/grants to support your summer internship? If your application is still being reviewed, when will you have more information?* | **$\_\_\_\_\_\_\_\_** |
| **Other support (please describe):** | **$\_\_\_\_\_\_\_\_** |
| **TOTAL FINANCIAL SUPPORT (B)** | **$\_\_\_\_\_\_\_\_ (B)** |

|  |  |  |
| --- | --- | --- |
| **CALCULATION OF TOTAL NEED: EXPENSES (A) – SUPPORT (B) = (C) FINANCIAL NEED** | | |
| **EXPENSES (A)** | **SUPPORT (B)** | **FINANCIAL NEED (C)** |
| **$\_\_\_\_\_\_\_\_\_\_\_ (A)** | **$\_\_\_\_\_\_\_\_\_\_\_ (B)** | **$\_\_\_\_\_\_\_\_\_\_ (C)  (A – B = C)** |

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| **SUMMER STIPEND ELIGIBILITY (must be eligible for JFOF to qualify)** *If you are applying for Johnson Family Opportunity Fund and will participate in the experience described in your application for at least 240 hours and at least 8 weeks, you are eligible for an additional stipend of $1500- 2000 (beyond the difference between “expenses” and “sources of support”).* | **Summer Stipend** |
| Number of hours you will spend in this experience: \_\_\_\_\_\_\_\_\_\_\_\_  Duration of your experience in weeks: \_\_\_\_\_\_\_\_\_\_\_\_  If you meet the requirements, add a $2000 stipend here**:** | **$\_\_\_\_\_\_\_\_ (D)** |

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| **(SUMMER) TOTAL REQUEST: FINANCIAL NEED (C) + SUMMER STIPEND (D) = YOUR FUNDING REQUEST (E)** | | |
| **FINANCIAL NEED (C)** | **STIPEND (D)** | **YOUR FUNDING REQUEST (E)** |
| **$\_\_\_\_\_\_\_\_\_\_\_ ©** | **$\_\_\_\_\_\_\_\_\_\_\_ (D)** | **$\_\_\_\_\_\_\_\_\_\_\_ (E)** **(C+D=E)** |