



JSDC Internship Reimbursement Program Application

Application Deadline: December 20, 2021

Submit application to Info@growingjamestown.com

Student Name _____

University/College Name _____

Major Field of Study _____

Semester/Year _____ Full-time Student: Yes No

Internship Position Title _____

Work Site Name/Address _____

Supervisor Position Title _____

Supervisor's Name _____

Supervisor's Email _____

Internship Hours/Schedule _____

Expected Attire _____

Have you Discussed Workplace Policies? Yes No

Job Description

Learning and Work Goals. (what can the intern expect to learn from this experience)

Hourly Wage_____

Estimated Internship Hours Per Week_____

Total Anticipated Payroll Cost_____

Anticipated Start Date_____

Anticipated End Date_____

Student Name

Student Signature

Date

Academic Advisor Name

Academic Advisor Signature

Date

Internship Supervisor Name

Internship Supervisor Signature

Date
