



Student Intern Scholarship Application Form

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Instructions: Please print clearly the following information. Turn in completed application packets, with all applicable signatures, to the EPSCoR Education and Outreach Coordinator to the address above. Incomplete applications will not be considered.

Personal Information:

Applicant's Full Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
SSN#: _____ Email: _____

Academic Information

University: _____
Address: _____
City: _____ State: _____ Zip: _____

Internship Information:

Name of Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Name of Supervisor: _____
Internship Starting Date: _____ Internship End Date: _____
(If a start date has not been confirmed, please list an estimate)

Supporting Documents:

The following documents should be submitted along with your application.

1. A statement by the applicant describing how the internship opportunity relates to his or her course of study, career plans, and Mississippi EPSCoR.
2. A letter of recommendation from your Mississippi EPSCoR faculty mentor.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the program selection committee/steering committee.

Student Signature: _____ Date: _____

For Official Use Only:

Principal Investigator Signature: _____ Date: _____
Project Fiscal Officer Signature: _____ Date: _____
Scholarship Fund Recommended: _____ Amount: _____