

WHITEHEAD INTERNSHIP PROGRAM

Funding Request Form

Spring 2012

NAME \_\_\_\_\_

Date of application \_\_\_\_\_

Class year \_\_\_\_\_

INTERNSHIP(S) FOR WHICH YOU SEEK FUNDING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Housing & Living Expenses

Outline anticipated housing arrangements and costs per week. Whitehead Internships must be 10 – 12 weeks in length. For planning purposes, indicate estimated expenses for a 10-week internship unless a sponsor has indicated otherwise.

housing - anticipated arrangements \_\_\_\_\_

housing - cost per week \$ \_\_\_\_\_

food, etc. - cost per week \$ \_\_\_\_\_

transportation - cost per week \$ \_\_\_\_\_

**TOTAL cost/week** \$ \_\_\_\_\_

# weeks for internship X \_\_\_\_\_  
(10 – 12 weeks required)

**TOTAL summer living expenses** \$ \_\_\_\_\_

Are you receiving financial aid from Haverford College?

\_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, ADD the expense of "summer earnings expectation" of approximately.....

+ \$ 2,000.00

**TOTAL estimated summer expenses** \$ \_\_\_\_\_

If you are applying for funds for an internship that YOU have secured, does the internship sponsor provide a stipend?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\*IF YES, indicate the stipend and SUBTRACT

\$ \_\_\_\_\_

**TOTAL Whitehead Funding Requested:** \$ \_\_\_\_\_