

Harris Public Policy Summer Funding Student Verification Form

This form is to be completed by any student participating in a Harris summer internship funding program and submitted with required application materials.

Students Name: _____ U of C ID: _____

Summer Position Title: _____

Host Agency/Organization Name: _____

Host Agency/Organization Address: _____

Supervisor: _____ Email: _____

Supervisor Title: _____ Phone: _____

Dates of Service/Employment: _____ to _____

Will you work full-time (35+ hours per week)? _____

Will you receive financial compensation from your host agency/organization? _____

If yes, how much? _____

Will you receive financial compensation from an additional source? _____

If yes, how much? _____

I, _____, have read and understand the terms of the Summer Public Interest Program. I hereby certify that the above information regarding my summer employment is complete, accurate, and true.

Signature: _____ Date: _____