



HARRIS PUBLIC POLICY

Internship Funding Verification Form

Name: _____ UChicago ID: _____

Email: _____

Position Title: _____

Organization name: _____

Organization Address: _____

Supervisor: _____

Supervisor Title: _____

Email: _____ Phone: _____

Internship Start Date: _____

Internship End Date: _____

Will you work at least 35 hours per week? Yes No

Will you receive any financial compensation from your host organization? Yes No

Will you take summer classes and apply for financial aid (including loans)? Yes No

****Summer internship stipends are processed as financial aid, which may impact your summer financial aid package.****

I, _____, hereby certify that I am a currently-enrolled Harris student pursuing an unpaid summer internship in the non-profit or public sector and all information regarding my summer internship is complete, accurate, and true.

Signature: _____

Date: _____

