

APPLICATION FOR INTERNSHIP FUNDING

ORGANIZATION: DATE:

CONTACT: TITLE:

ADDRESS:

PHONE: E-MAIL:

Please provide a brief statement to detail how AFP internship funding will help meet your organization’s mission.

BUDGET:

|  |  |  |
| --- | --- | --- |
| SCHOLARSHIP REQUEST | $ | Source: AFP Quad Cities |
| CASH MATCH\*  | $ | Source: |
| TOTAL |  |  |

\* Requires at least a 1/3 cash match from your organization, to be paid to the intern. **AFP internship funding is available to help offset internship salary/stipend costs up to 66% of the total salary/stipend amount. For example, if your position offers a $500 expense stipend, your agency will fund 1/3 or $166, and AFP will fund 2/3 or $334.**

By signing below, I signify that:

* The organization will assist both the intern and their AFP mentor (if applicable) to the best of my ability.
* The organization will allocate internship matching funds as outlined above and pay the intern for their work.
* **I will collect data and share a final report** on the work of the intern and the impact of the internship to share with funding organizations that support this opportunity. I understand that failure to provide a report may exclude my organization from future internship funding.

NAME:

SIGNATURE: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_