

# COMMUNITY BASED INTERNSHIP STIPEND PROGRAM STUDENT AGREEMENT

Career and Civic Engagement • Hauptert Union Building, Bethlehem, PA 18018 • 610-861-1509

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Major \_\_\_\_\_ GPA \_\_\_\_\_ Anticipated Graduation (Month/Year) \_\_\_\_\_  
Phone/Email \_\_\_\_\_

Circle One:            Fall            Spring            Summer            Year \_\_\_\_\_

Internship Site \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Intern Job Title \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Weeks/hrs \_\_\_\_\_

**\*Please attach a description of the internship to this form on a separate piece of paper.\***  
As a recipient of a Community Partner Sponsored Internship Stipend, I agree to the following conditions:

- I will complete at least 140 internship hours with the organization approved through the application process.
- The internship will be consistent with the guidelines of the stipend.
- I will send a thank you letter to the benefactor of the stipend at the conclusion of the internship, with a copy to the Center for Career and Civic Engagement.
- If for any reason I cannot complete the internship as agreed upon, I will notify the Center for Career and Civic Engagement immediately.
- Failure to complete the internship may result in repayment of the stipend or a portion of the stipend to the fund.

Student signature \_\_\_\_\_

Date \_\_\_\_\_