

**PROPOSAL FORM
SOUTH ATLANTIC AREA SUMMER STUDENT PROGRAM**

INTERNSHIP OR APPRENTICESHIP (Circle One)

LOCATION: _____ **DATE:** _____

RESEARCH UNIT: _____

SCIENTIST SUBMITTING PROPOSAL: _____

TELEPHONE NUMBER: _____ **E-MAIL:** _____

CRIS PROJECT NUMBER: 66 ___ - ___ - ___ - **00D**

PROPOSED--BEGINNING DATE: _____ **ENDING DATE:** _____

DESCRIPTION OF INTERNSHIP/APPRENTICESHIP EXPERIENCE TO BE PROVIDED:

Please check the appropriate category:

- ___ **Applying for program funds only (\$3,000 for internship / \$2,500 for apprenticeship)**
- ___ **Applying for housing funds only (\$700; applies to internships only)**
- ___ **Applying for both (program and housing funds; applies to internships only)**

Indicate the number of internships and apprenticeships being funded locally by the research unit, laboratory and/or center:

If a potential candidate has already been identified for an internship or apprenticeship, please give name of student and institution:
