

**STUDENT REQUEST FOR FINANCIAL SUPPORT (INTERNSHIP)**

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_ Concentration \_\_\_\_\_

Class Year \_\_\_\_\_ Course # \_\_\_\_\_

Course Title \_\_\_\_\_ Number of Credits \_\_\_\_\_

Name of Company \_\_\_\_\_ Work Requirements: On-site    Remote

Compensation (Request for financial support for hours worked; pay): Yes    No  
Compensation provided by organization \$ \_\_\_\_\_/hour

Financial Support (Request for financial support for course tuition): Yes    No

Financial Support for additional incremental expenses, (example additional commuting expenses or professional attire): Yes    No

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Use Adobe to configure to e-signature. Salem State University login can be used for free registration.**Please send the completed form to the Assistant Dean, Don White: [dwhite@salemstate.edu](mailto:dwhite@salemstate.edu)

You can also reach him at (978) 542-6634 for questions or comments.