

THE CAS INTERNSHIP STIPEND PROGRAM

A service of the Career Resource Center

The goal of the CAS Internship Stipend Program is to provide SUNY New Paltz students with the opportunity to gain valuable experiential education without sacrificing needed income. CAS Internship Stipend funds offer monetary support for undergraduates who secure internship opportunities to investigate career options, further develop career-related skills, and link classroom learning to the world of work. These funds enable students to participate in career-related experiences, regardless of financial constraints.

The CAS Internship Stipend Program is a highly selective and competitive program that offers a limited number of scholarship stipends **up to \$1,000 for the fall and spring semesters to students involved in a semester-long internship or student teaching placement. Students participating in a full-time (20+ hours per week) summer internship may be eligible for a scholarship stipend in an amount up to \$3,000.** Students will receive the stipend in two installments, one at the beginning and the other towards the midpoint of the internship. This stipend applies to only credit bearing, non-paid or low paying internships and ones that are career related. The Faculty Advisory Council of the Career Resource Center, plus a CAS representative, are responsible for selecting the recipients of the CAS Internship Stipends.

Student Eligibility

- Full time matriculated undergraduate student attending SUNY New Paltz
- Declared major in one of the academic degree programs at SUNY New Paltz
- Demonstrated financial need
- Must be in good academic standing with the University and a minimum GPA of 2.5 or higher depending upon department requirements
- Meet university and your academic department requirements for participation in an internship, including completion of 60 or more credits before the internship begins
- The internship must be credit bearing, and non-paid or low paying

Application Procedure

All Applicants are asked to submit:

- A completed application form available from the Career Resource Center, HUM 105 or online at <http://www.newpaltz.edu/careers>**
- Documentation of financial need, as described on the included budget worksheet (part III)
- A copy of a current unofficial transcript
- A one-page personal statement supporting your request for a CAS Stipend and why this internship experience is important to your career and/or academic objectives
- A written financial statement in essay form (*separate from your personal statement*) as described on the included budget worksheet (part III, section 4)
- A brief description of your major responsibilities and attach a job description and organization profile
- Submit a signed CAS Internship Agreement with Release Indemnification and Hold Harmless Agreement 2008-2009 (to be completed in the Career Resource Center when handing in an application.)

Complete application packets (application form, documentation of financial need, unofficial transcript, essays, internship description, and sponsoring organization agreement) must be received by the close of business on the following deadline dates:

Spring 2012

Dec 2, 2011

If you have questions about this application, please contact the Career Resource Center at 845-257-3265. Drop off the completed application packet to the Career Resource Center, HUM 105.

**SUNY New Paltz students are only eligible to receive this internship stipend award once in their college career.*

THE CAS INTERNSHIP STIPEND PROGRAM APPLICATION – PART I

Check the semester for which you are applying: Spring Summer Fall Year _____

Student Information (to be completed by the student applicant)

Name _____	Expected Grad Date _____
Social Security # _____	Department/Major _____
Banner ID _____	Email _____
Local Address _____	
City _____	State _____ Zip _____
Local Phone _____	Other Phone _____
Permanent Address _____	
City _____	State _____ Zip _____
Summer Address _____	
City _____	State _____ Zip _____
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country of Citizenship _____
	Visa # _____

Organization/Company _____

Sponsor/Supervisor who will oversee your activities _____

Sponsoring Organization Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Organization Type (Please check) non-profit public service school other _____

Receiving Academic Credit? Yes No How many credits? _____ (This internship must be credit bearing)

Duration/Dates of the internship _____ to _____ Number of hours per week _____

If I am unable to complete my internship, I agree to refund the entire amount provided by the CAS internship program. Should my internship be cancelled for reasons beyond my control, I agree to return remaining funds as agreed upon.

The information that I have submitted is true and correct. I understand that any misrepresentation of the information submitted will disqualify me from consideration. I understand that the information contained in this application is confidential and will only be shared with the members of the CAS Internship Stipend Selection Committee. I also understand that if I receive assistance, my name, photo and internship site, but not any amount I receive, may be made public. I may also be asked to participate in educational or promotional programs related to my internship experience.

Signature _____

Date _____

THE CAS INTERNSHIP STIPEND PROGRAM APPLICATION – PART II

Student Intern Name _____ **Internship Title** _____

Organization Sponsor Information

Sponsor/Supervisor _____ Title _____

Email _____ Website _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Duration/Dates of Internship _____ to _____ Hours per week _____

Check to verify this is an un-paid or low paying internship.

Signature of Sponsor _____ Date _____

Faculty Supervisor Information:

Name _____ Title _____

Department _____

University Address _____

Phone _____ Email _____

Fax _____

Check to verify student eligibility to receive credit for this internship. # of credits _____

Duration/Dates of Internship _____ to _____ Academic Semester/yr _____

Faculty Signature _____ Date _____

**Halfway through the semester, Beth King, Internship Coordinator, Career Resource Center, will make contact with both the intern and the internship sponsor for a status update prior to releasing the second installment of funds. The Internship Coordinator will contact the faculty supervisor to ensure that the internship was completed at the end of the indicated time period.*

BUDGET WORKSHEET – PART III

Complete *all four sections* of the following budget worksheet for the period for which you are applying. Verifying documentation of your expenses and income, where denoted by an asterisk (*) is required and should be attached. Documentation may include a student accounts invoice, copy of your financial aid package, copy of your bank statement, copy of a rent check or lease agreement, W2 form or pay stub, a letter from your employer stating your salary, copy of a loan repayment bill and/or a letter from your parents or legal guardians outlining their financial support. If you have applied for scholarships, fellowships, grants, or loans and are still waiting for the results please indicate what you estimate to receive and note when you will be able to provide verification. Please note that the Selection Committee cannot finalize its decision without having a nearly full picture of your financial circumstances.

All figures are based *only* on the semester for which you are applying:

Spring **Summer** **Fall** **Year** _____

1.	Expenses for the period indicated above	Totals for the period indicated above
	Tuition and fees* = _____	_____
	Housing costs* (\$_____ per month x _____ months) = _____	_____
	Loan repayments* (\$_____ per month x _____ months) = _____	_____
	Books & Supplies = _____	_____
	Food (\$_____ per month x _____ months) = _____	_____
	Telephone (\$_____ per month x _____ months) = _____	_____
	Transportation (\$_____ per month x _____ months) = _____	_____
	Clothing & Personal items (\$_____ per month x _____ months) = _____	_____
	Expected medical (\$_____ per month x _____ months) = _____	_____
	Other _____	_____
	Grand Total Expenses = _____	_____

2.	Income for the period indicated above	Totals for the period indicated above
	Academic Scholarships* _____	_____
	Names: _____	_____
	Student loans* _____	_____
	Other loans* _____	_____
	Grants* _____	_____
	Family contributions* _____	_____
	Savings* _____	_____
	Employment* _____	_____
	Other income* _____	_____
	Grand Total Income = _____	_____

3. Total Financial Need (Grand Total Income- Grand Total Expenses) = _____

4. Written financial statement- Please attach a brief, typed statement describing your financial reasons for applying for a stipend from College Auxiliary Services.