



Bellevue College – Center for Career Connections

Academic Internship Program

Experiential Learning (EXPRL) 191/192/193:

Academic Internship Experience

APPLICATION FOR INTERNSHIP SCHOLARSHIP

Please complete this application in order to be considered for a 2008-2009 internship program scholarship.

Name: _____ Student ID#: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Alternate Phone: _____

Is your internship ___ Unpaid? ___ Paid? If paid, how much? _____

Do you receive funding from any of the following sources? Check all that apply:

___ Federal or State Financial Aid

___ WorkFirst

___ Running Start

___ CEO

___ Worker Retraining

___ Other scholarship

___ TRIO

If "Other" please explain: _____

If you receive funding through Financial Aid, Worker Retraining, WorkFirst, Running Start, TRIO or CEO, please first see your program to explore funding for your internship course tuition before applying for this scholarship.

Are you a United States citizen or permanent resident? ___ Yes ___ No

Are you a resident of the State of Washington? ___ Yes ___ No

Are you an international student studying under a non-immigrant visa? ___ Yes ___ No

How long have you attended Bellevue College? Check one of the following:

___ 1-2 quarters ___ 3-4 quarters ___ 5 quarters or more

Not including the internship, how many credits are you currently taking (if any)? ___ credit hours

How many credits do you plan to take for your internship? Check one of the following:

___ 2 credits ___ 3 credits ___ 4 credits ___ 5 credits

Briefly explain your need for a scholarship to help pay for your internship seminar credit tuition:

Please complete this form and submit it to:

The Academic Internship Program, Center for Career Connections, Bellevue College

3000 Landerholm Circle SE, B231, Bellevue, WA 98007-6484

career@bellevuecollege.edu or Fax (425) 564-2230