Industrial Internship

Application Cover Sheet 2015-2016 Program Year

The information provided in this form will be used to match students with potential internship employers associated with the CT Space Grant Program. Participating companies will receive copies of this information.

Complete Industrial Internship Application will consist of:

1. **Industrial Internship Application Cover Sheet**
2. **Narrative**
3. **Resume/Curriculum Vitae**
4. **One Letter of Recommendation**
5. **Student Transcript:** must indicate current full-time enrollment status and a minimum cumulative GPA of 3.0
6. **Grant Verification**
7. **Application Contact/Demographic Information**

**Note:** Refer to the student Request for Proposals for full detail of submission requirements.

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| Primary Investigator (PI) |
| Name: [ ]  Mr. [ ]  Ms. [ ]  Mrs. |  |
| School |  | Major |  |
| Previous Space Grant Awards (Please list all; include title/date) |  |
| U.S. Citizen | [ ]  Yes | Expected Year of Graduation |  |
| Academic Advisor |  |
| Advisor Email |  |
| Internship (Please Check One) |  [ ]  Summer [ ]  Part-Time Academic Year |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please Print Name |

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| Please Indicate Companies you are interested in (Check all that apply) |
| [ ]  UT Research Center [ ]  UTC Aerospace Systems [ ]  Sikorsky Aircraft (Hamilton Sundstrand)[ ]  UTC Power [ ]  Pratt & Whitney Aircraft [ ]  Carrier [ ]  OTIS [ ]  Connecticut Invention Convention [ ]  Dymotek Corp.[ ]  Connecticut Corsair [ ]  Doncasters Group [ ]  CCAT[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please list all)  |

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| Institutional Certification |
| [ ]  Signatures below certify that the applicant’s institution approves of this application.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Advisor Signature Date Please Print Name |