

# FINANCIAL AID - INTERN PROGRAM

**TO BE ELIGIBLE FOR AID IN AN INTERNSHIP PROGRAM:**

- You must be enrolled at least half-time (i.e. 4 hours for 8 wks., internship, 6 hrs. for 12 wks. etc.)
- If you are a summer applicant, you must also complete the summer financial aid application
- Your advisor must complete and sign PART II of this application

## Part I: To Be Completed By Student

Last Name	First Name	MI	Resources Parents           \$ _____ Church            \$ _____ Personal           \$ _____ Scholarship       \$ _____ Other               \$ _____ TOTAL             \$ _____
Social Security #	Student ID #		
CPO #	Number of hours registered _____ Internship hours   _____ Other hours		
Year	Term Registered (circle one) Fall   Spring   Summer	Dates of Internship From ___/___/___ to ___/___/___	
Advisors Name		Sponsoring Department	
Address during internship			
Street Address			
City	State	Zip	
Student Signature		Date	

## Part II – To Be Completed By Advisor

<p><b>Note to the advisor:</b>                  Because the student might be using federal funds, it is necessary that you confer with the student to be sure a reasonable budget is being submitted. Please list figures that will accurately reflect costs that will be incurred by the student for this internship.</p>	<p><b>BUDGET</b></p> Tuition           \$ _____ Room             \$ _____ Board             \$ _____ Books/Supplies   \$ _____ Transportation   \$ _____ Personal.         \$ _____ Other             \$ _____ <b>Total   \$ _____</b>	<p><b>FOR OFFICE USE ONLY</b></p>
Number of Credit Hours _____		
Number of Weeks _____		
Signature of Advisor		Date

Please return the completed form to:  
**Wheaton College Financial Aid Office**  
 Mail: 501 College Ave., Wheaton, IL 60187  
 Fax: (630) 752-5413  
 E-mail: [finaid@wheaton.edu](mailto:finaid@wheaton.edu)