

Summer Internship Proposal Form
Walter Johnson High School
ACES Program

Submit to Mr. Paushter by June 4th, 2010

Please note that academic credit **will not** be received for completing a summer internship.

Students who participate in a summer internship may be eligible to receive credit for fulfilling ACES Program Requirements. Each applicant must review the expectations and requirements described in the **Summer Science Internship Program Overview**. All summer internships must be pre-approved and all internship requirements must be completed to receive ACES credit.

Student's Name _____ ID Number _____

Name of Organization where the internship will take place _____

Supervisor's Name _____

Supervisor's e-mail _____

Supervisor's work phone _____

Date that internship will begin __/__/____ Date that internship will end __/__/____

Time of day that internship will begin _____ Time of day that internship will end _____

About how many hours a week will you work? _____

Provide a brief description of the work you will be doing.

Emergency Contact Information:

Parent/Guardian Home Phone _____ Parent/Guardian Cell Phone _____

I have read and understand all of the requirements and expectations described in the **Summer Science Internship Overview**. _____

Student Signature

Parent Signature