MnGFOA Minnesota Government Finance Officers Association

INTERNSHIP GRANT PROGRAM

Applicant Information:

Applicant Name: _____	Title: _____
Employer: _____	Address: _____
Phone Number: _____	Department: _____
Internship Supervisor: _____	Number of employees in department: _____
Internship Dates: _____	Intern wage to be paid: _____
Applicant Signature: _____	Date: _____

1. Please provide a detailed outline of the duties, tasks, and projects the intern will be assigned during the internship.

2. Please provide a summary of the supervisor's expected outcomes from the internship.

3. What do you want the intern to gain from this experience?

4. Do you have an intern selected? If you do, please provide the education and work background of the intern.

5. Are you able to meet the matching requirements of this Grant? If not, please indicate why.

6. Has your department hired interns before? If yes, list some of the projects and duties assigned to the intern(s).

Return this application form by the due date to the President of the MnGFOA.