



## **Child Life Internship Scholarship**

The purpose of the GLACLP Internship Scholarship is to help assist a child life intern during their internship semester.

Conditions of Scholarship:

1. Scholarships are awarded currently to one child life intern,
2. Applicants must be a current GLACLP member,
3. Scholarship recipient will be awarded a check from the Great Lakes Association of Child Life Professionals, and
4. Education Coordinator/Internship Coordinator/Program Manager/ Program Director must sign document that intern has accepted internship and will be completing internship at that institution.



## GLACLP Internship Scholarship Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Internship Location: \_\_\_\_\_

Semester (circle one):

Fall

Winter

Summer

PLEASE SUBMIT THE FOLLOWING WITH THIS FORM:

- One page maximum essay to the GLACLP on:
  - How will this scholarship benefit your internship experience?
- Resume
- Reference Form
- Scholarship Verification Form (page 3)

**APPLICATION DEADLINE:** Application must be emailed to [childlife.glaclp@gmail.com](mailto:childlife.glaclp@gmail.com) AND President Elect Bridgette Danielson [bridgettestonedanielson@gmail.com](mailto:bridgettestonedanielson@gmail.com) with the subject line "Internship Scholarship Application Summer 2019" by **March 31<sup>st</sup> 2019**. Applicants will be notified by **April 12<sup>th</sup> 2019**.



## Scholarship Applicant Internship Verification Form

Date: \_\_\_\_\_

This document is to provide documentation that (*Name*) \_\_\_\_\_  
has accepted a child life internship at (*Location*) \_\_\_\_\_  
with a start date of (*Date*) \_\_\_\_\_.

### Signatures required:

_____ Education Coordinator/Internship Coordinator/Manager/Director *	_____ Date
_____ Intern*	_____ Date
_____ GLACLP President Elect ( <i>post awarded scholarship</i> )	_____ Date

*\*Must have signature for application submission, if awarded scholarship GLACLP President Elect will sign off on Verification Form*