



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 AND President Elect Bridgette Danielson Bridgette.Stone@cchmc.org with the subject line "Internship Scholarship Application Winter 2020" by **November 11, 2019, at 3pm**. Applicants will be notified by **December 2, 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.*