



**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 (*post awarded scholarship*)

\_\_\_\_\_  
Date

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