



**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.*

Please email this form to: [scholarships.glaclp@gmail.com](mailto:scholarships.glaclp@gmail.com) with subject  
"Summer Internship Scholarship Verification Form" by **Friday, March 17, 2023**  
**by 11:59pm EST.**

For any questions, please contact the Scholarship Committee at  
[scholarships.glaclp@gmail.com](mailto:scholarships.glaclp@gmail.com)