



**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.*

Please email this form to: [scholarships.glaclp@gmail.com](mailto:scholarships.glaclp@gmail.com) with subject  
"Winter/Spring 2024 Scholarship Documents" by  
**Friday, November 10, 2023, by 11:59pm EST.**

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