**Internship Supervisor Completion Form**

**Please share this form with your internship supervisor.**

* **INSTRUCTIONS FOR SUPERVISOR**
* Please return a copy of the signed form by **September 15, 2017** to the Jack Kent Cooke Foundation by email (scholars@jkcf.org); fax (703-723-8030); or mail (44325 Woodridge Parkway, Lansdowne, VA 20176).
* To complete this form using Microsoft Word, click in the gray boxes and type your answers.

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| **To the internship supervisor: Thank you for sponsoring an internship for one of our undergraduate scholars. Please complete the information below. Your signature verifies that the scholar completed the minimum required 320 internship hours.**  |
| **Scholar Name:** |  |
| **Organization Name:**  |  |
| **Address:** |  |
| **Supervisor’s Name:** |  | **Supervisor’s Title:** |  |
| **Supervisor’s Phone:** |  | **Supervisor’s Email:** |  |
|  |
| **Supervisor’s Signature:       Date: ­­­­­­­­­­­­­­­­­­** |