

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, 2019** 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.

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: _____	