

Bryn Mawr College

**Sponsor Confirmation Form
Summer 2010**

Thank you for sponsoring a summer internship for a Bryn Mawr student. Please complete the information below and submit to Isabelle Barker, Director of Summer Funding, as soon as possible.

Student Name: _____

Organization Name: _____

Organization Address: _____

Organization Type: _____ Intern's Job Title: _____

Phone Number: _____ Fax: _____

URL: _____

Internship Supervisor: _____ Supervisor's Email: _____

***Please be aware that your intern, in accordance with the Bryn Mawr College Honor Code, is obligated to report to the College any monetary compensation received from you and/or hours not completed. It will be considered in violation of the Honor Code if he/she does not accurately disclose compensation received and/or hours completed. Students must be placed in their internship for at least 30 hours a week for 8-10 weeks to be eligible for the full fellowship. The questions below constitute your official disclosure of the compensation you intend to provide and the hours to be completed. Should this compensation either increase or decrease or the number of hours change, we ask that you immediately inform the intern and contact the Director of Summer Funding, Isabelle Barker, to report the change.

Length of Internship (number of weeks and hours per day) _____

Does your organization provide a stipend (i.e., wages)? _____

If yes, approximate amount _____

Please give a brief description of the intern's duties: *(you may attach a separate document)*

Please describe the type of supervision the intern will receive:

Supervisor's Signature

Date