

**KENT STATE UNIVERSITY
COLLEGE OF BUSINESS ADMINISTRATION &
GRADUATE PROGRAMS OFFICE**

Kenneth L. Calhoun Internship Scholarship Application

Student Information (Please print or type)

Date _____

Name _____ Banner ID _____

Summit County residence address

(Street) (City) (State) (Zip)

Local/Cell Phone (____)_____ **Kent State** e-mail address _____@kent.edu

Officially Declared Major (*circle*) ACCT BMGT CIS ECON ENTR FIN MKTG MMTG OPMG MBA MSA MAE MSFE

Major GPA _____ Cumulative GPA _____ Total Semester Hours Completed _____

I am seeking credit for this internship during (*circle one*): Fall Spring Summer of 20_____.

Internship Information

Name of Company _____

Internship position title _____ Start date _____ End date _____

Supervisor's Name _____ Title _____ Supervisor's Phone _____

Statement of Completion:

- *I have attached the approved internship enrollment application form with this scholarship application.*
- *I understand that these scholarship funds will be revoked if internship credit is not earned or internship is not satisfactorily completed.*
- *I hereby authorize the Scholarship/Award Committee to inspect any and all of my student files.*

Signature

Date

Return Completed forms within 2 weeks of the internship start date to:

Office of Business Experiences
College of Business Administration
Room 300E
Kent State University
Kent, Ohio 44242
330-672-1285

For official use only: Approved Y/N Banner ID Student Name Term Amt \$