

Freeman Foundation Eastern Asia Internship Grant

Certification of Internship

The information below must be completed by the person who will supervise your internship.

Student name: _____

Name of organization: _____

Address of organization: _____

Phone: _____ **Email:** _____ **Website:** _____

Internship supervisor and title: _____

Date begins _____ **Date ends** _____ **Hours per week** _____

Give a brief description of this organization:

Describe the daily tasks and a substantial project this intern will complete:

What skills do you expect the intern to acquire while working for your organization?

How will you help this intern integrate into the local culture?

By signing this form, I certify that my organization will be able to provide an eight-week internship to the above named student in the summer of 2018.

My organization will assist the prospective intern with obtaining the necessary visa (if applicable) and other required documentation (work permit, etc.).

Supervisor signature: _____ **Date** _____