



WISCONSIN CITY/COUNTY MANAGEMENT ASSOCIATION

Request for Internship Grant Funds

Applicant Information

Community: _____ Date: _____

Remittance _____

Address: _____

City, State, Zip _____

Intern's Name: _____
Last First M.I.

Job Title: _____

Proposed Starting Salary: _____ Start Date: _____

Supervisor: _____ Department: _____

Description of Duties:

Additional Comments:

Supervisor Signature Date

College/University Information

School Name _____ Degree Program: _____

Anticipated Graduation Date: _____ Undergraduate _____ Graduate _____ yr1__ yr2__

Internship Report Requirement

I agree to prepare an end of internship report to be shared with WCMA membership illustrating the results and work product of the internship for possible use by WCMA members. The internship report should be 1 to 2 pages and be drafted by the intern with supervisor support.

Supervisor Signature Date

Intern Signature Date