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**MetroWest Health Internship Fund Application**

Please fill out a separate application for each intern for whom you are seeking funding. Email your completed application to Rebecca Donham at rdonham@mwhealth.org.

**Organization Information**

1. Organization Name:
2. Organization Address:
3. Organization Contact Name and Title:
4. Contact phone and email:

**Internship Details**

1. Name of intern (if known):
2. Are you seeking an intern for direct clinical care or community health improvement?

*Direct Clinical Care \_\_\_\_ Public Health \_\_\_\_*

1. From which school **and** program will you recruit the intern?
2. Start and end dates of the internship:
3. How many weeks do you plan to engage the intern?
4. How many hours each week?
5. What amount are you requesting for the stipend?
6. Who will supervise the intern (name and title)?

**Project Details**

1. Briefly describe the work to be done by the intern.
2. Briefly describe the population with whom the intern will be working.
3. What skill or competencies will the intern learn from this work?