

Internship Expenses & Income

Use this space to provide additional information related to your budget that may not fit within the columns to the left (e.g., links to flights estimates; any lost income calculated on Page 3).

NOTES:

The information that you provide below will be used by the CAF Award Committee to compare your level of financial need to other applicants. Keep notes as you are calculating your estimates because the award committee may ask you to explain how you determined a specific estimate. If an expense or income source is not applicable, leave the cell blank. **The award amounts will be in \$250 increments but will not exceed \$5,000 per recipient.**

Detailed guidelines on what can and cannot be included in your worksheet are found at: <https://ascareersuccess.osu.edu/career-accelerator-fund-undergrad>

There are 3 Pages in this PDF document. The PDF document includes pages 1, 2 and 3. You are required to complete pages 1 & 2 to be considered for a CAF award. Completion of page 3 is optional.

Expenses Associated with Internship	Estimated Amount
Transportation to move to the location of the internship site (e.g., airfare, moving truck rental)	
Other moving expenses (please provide details below) >	
Total Housing Costs (e.g., rent)	
Total Food Costs (e.g., groceries, dining out)	
Apparel (clothing that is required by the internship site)	
Commuting Costs (daily travel to and from the internship site)	
Other expenses (please provide details below) Utilities which include gas, water, internet, and electricity bill	
(1) Estimated Total Cost for the Internship	

Income During Duration of Internship	Estimated Amount
Total wages (before taxes) provided by the internship site	
Total wages (before taxes) provided by other job sites, freelance work, etc.	
Other Income provided by the internship site (e.g., stipend, parking allowance, relocation allowance)	
Other awards received to support internship participation	
Other income (please provide details below) >	
(2) Estimated Total Income During the Internship	

(1) Estimated Total Cost	
(2) Estimated Total Income	
(3) Financial Need	

Lost Income Calculation

The CAF Award Committee can factor in financial hardship created by "lost income" during an internship experience when deciding upon an award amount. If you will be reducing the number of hours that you work at a current employment site in order to participate in the internship, and you are okay with having Career Success contact your supervisor, complete Page 3. Your supervisor will need to verify your hourly wage and the reduction in hours they will make to your work schedule during your internship, which is the purpose behind Career Success contacting him/her (upon your approval).

Current Hourly Wage				
# of Hours you would work per week IF NOT Holding the Internship				
Total Typical Weekly Pay (before taxes)				
# of Hours you would work while completing the Internship				
Total Expected Weekly Pay (before taxes)				
Lost Weekly Wages				
How many weeks will your wages be reduced?				
Total Lost Wages				

Please provide the following information for your place of employment:	
Name of Organization	
Street Address	
City, State, Zip Code	
Name of Supervisor	
Supervisor's Phone #	
Supervisor's Email	