

Internship Expenses & Income

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 can be found on the CAF Budgeting FAQ section of the CAF website.

There are 3 tabs in this document. You are required to complete Tab A and all other applicable tabs to be considered for a CAF award. Tab A is for expenses & income associated with the internship or experiential learning opportunity. Please add rows as needed. Tab B allows you to demonstrate any other sources of funding and awards. Tab C should be used only if you are forgoing employment to pursue the opportunity.

*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:***

| 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) | |
| Utilities which include gas, water, internet, and electricity bill | |
| Program Fee | |
| Equipment or Materials | |
| Organizational Membership | |
| Conference Registration | |
| Other expenses (please provide details in notes) | |
| (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 in notes) | |
| (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 their supervisor (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 | |