



UCC Unpaid Internship Scholarship Employer Verification Form

A representative (preferably your direct supervisor) from the organization where you plan to complete your internship must sign the form below. Please print clearly or type.

Organization/Department: _____

Name of Supervisor: _____

Title: _____

Work Address: _____

Email: _____

Phone: _____

I hereby certify that _____ has been selected to undertake work with this organization and that this is an unpaid internship.

Work will begin on _____ and end on _____.
(start date) (end date)

Work will be done on _____ for _____.
(days/week) (indicate hours/day)

I verify that this internship opportunity is consistent with the requirements of the Fair Labor Standards Act (FLSA) and applicable state and local law.

<http://www.dol.gov/whd/regs/compliance/whdfs71.htm>).

Signature of Supervisor:

Date: _____

*Institutional funding through this program is made available with the sole intention of supporting students' expenses (such as educational, housing, and/or travel expenses). This support enables students to participate in unpaid opportunities, while gaining valuable experience. Funding is not provided in lieu of compensation for work.

Employer: Please send completed form back to the student for them to upload as part of their application in the Madison Scholarship Hub by the deadline on September 8th at 8am.