Brown LINK Application - Supervisor Statement

Brown LINK – Linking Internships and Knowledge – Award Program offers funding to students for unpaid or low paying summer internships. The awards encourage students to pursue career exploration through internships in a wide range of career fields. In addition, students receiving financial aid are eligible to apply for the Summer Earnings Waiver (SEW), which covers their summer earnings requirement. The program is made possible through the generosity of alumni and parents, employer gifts, and support from the Brown University Office of Financial Aid. As you can imagine, students regard internships as an important complement to their curricular engagement at Brown, these awards are among our most important programs in support of student learning beyond the classroom.

Students applying for Brown LINK funding are required to submit a Supervisor Statement as part of their application. This form verifies that they are being considered, have been offered, or have been accepted for an internship position with your organization. In addition to completing the information below, please attach an internship position description.

If you have questions, feel free to contact me directly at 401.863.6239 or sarah_brown1@brown.edu.

Sincerely,

Sarah Brown
Internships Manager, Center for Careers and Life After Brown
Supervisor Statement

Organization: _____________________________________________________________

Internship Title: __________________________________________________________

Student Name: ____________________________________________________________

Organization’s Email Address: _____________________________________________

Start Date: ___________  End Date: ___________  Total Hours (240 minimum): _______

Salary – Internship must be unpaid or low paying – less than $1,000 total compensation (check one).

☐ Internship is unpaid

☐ Internship is paid ( $__________ total stipend provided by organization)

Student Status (check one):

☐ Student is being considered for opportunity  ☐ Student has been offered opportunity

☐ Student has accepted opportunity

Supervisor Status:

☐ I am not a current Brown faculty, staff, or student

☐ I am a Brown Medical School faculty member, but have not taught or worked with the student being considered for this internship. (Questions? Email Sarah_Brown1@brown.edu)

Please attach the following on letterhead:

1. Organization Description
2. Position Description including:
   o How this internship will advance the core mission of your organization and the potential impact of the student’s work
   o Extent of your organization’s engagement, supervision and support of the student
3. Confirmation that student is in consideration or has been offered/accepted internship.

Supervisor Name (please print): ____________________________________________

Supervisor Signature: ______________________________________ Date: ___________

*Please return completed supervisor statement and position description directly to the student. These documents must be uploaded by the student with their online UFUNDS application. Supervisor statements will not be accepted directly from an organization.