

SIP STUDENT INFORMATION FORM

TO BE COMPLETED BY ALL STUDENTS IN THE SENIOR INTERNSHIP PROGRAM

Student's Name (print) _____ Date _____

High School Mentor's Name _____

Virtual or In-person Internship, provide the contact information for the organization where you will be interning in the space below:

Contact person's Name _____

Contact person's phone # _____

Passion Project internship, complete the top portion of this form along with your signature & high school mentor's signature. You will also need to complete and submit the Passion Project Action Plan Form.

All interns must sign below along with your mentor's signature.

Student's Signature

High School Mentor's Signature