

**DUE- January 30, 2015, 5:00 p.m.**



# THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES

## APPLICATION FORM CFAES INTERNSHIP AWARD

**PURPOSE:** To recognize students who have excelled at internships within their respective fields.

### SELECTION CRITERIA:

- One award will be made per CFAES department and the School of Environment and Natural Resources.
- Awards will be based on internships completed during the following terms: Spring 2014, Summer 2014, or Autumn 2014.
- Any student having completed an internship of at least 10 weeks duration is eligible.
- Students are not required to have completed the internship course to be eligible for the award.
- This is a non-repeating award; a student can win this award only once.
- Winners will be chosen by the department/school internship chair, the department chair/school director or their designee (if no internship chair).

**PRESENTATION OF AWARD:** Students selected to receive this award will be recognized at the annual College Recognition Program on April 16, 2015 at the Ohio Union. Award recipients are strongly encouraged to attend.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Internship Position Title: \_\_\_\_\_

Company: \_\_\_\_\_ Dates of Internship: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Internship Supervisor Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Supervisor Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Student's

Columbus

Address: \_\_\_\_\_

Street

City

State

Zip

Columbus Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Home Town: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

***Print a copy of your completed application form, for your records, prior to submission***

**IMPORTANT:** 1.) Save this application form to your computer before starting to complete. 2.) After saving the document on your computer, open that copy of the document file. 3.) Complete the form. You MUST use Adobe Reader when completing this form (Apple users: DO NOT use "Preview" for completing this form for submission). Remember to save a copy of your completed form for your records. 4.) Attach a copy of your completed and saved application form to an email to [trefz.2@osu.edu](mailto:trefz.2@osu.edu).

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**Please give a brief description of your internship. Include duties, responsibilities, and give examples of projects you worked on. (*maximum response limit is 3,125 characters*)**

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**Why do you feel deserving of this award? (What sets you apart from others?)**

*(maximum response limit is 1,125 characters)*

**How will this internship help you in the future? *(maximum response limit is 1,125 characters)***

**NOMINATIONS ARE DUE  
FRIDAY, JANUARY 30, 2015 BY 5:00 P.M.  
to [trefz.2@osu.edu](mailto:trefz.2@osu.edu).**

**QUESTIONS?** Contact Dr. Marilyn Trefz at 614-915-1150 or [trefz.2@osu.edu](mailto:trefz.2@osu.edu).

**APPROVAL FOR RELEASE OF INFORMATION:**

By submitting this completed applications form, I authorize the release of the information on this form to the Selection Committee. I also affirm all information provided in this form is an accurate assessment of my participation and level of responsibility in the activities.

**REQUIRED**

Click check-box to agree

Date:  
\_\_\_\_\_

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