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# Community Internship Collaboration Business Proposal

Fall 2020

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| **Organization name** | Click here to enter text. |
| **Mentor/Contact name** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Phone number** | Click here to enter text. |
| **E-mail address** | Click here to enter text. |
| **Organization website** | Click here to enter text. |
| **Describe your organization** | Click here to enter text. |
| **Internship title** | Click here to enter text. |
| **Specific days/hours  (if applicable)** | Click here to enter text. |
| **What will the student learn from the internship?** | Click here to enter text. |
| **What does your business need that a student intern can impact?** | Click here to enter text. |
| **What project(s) will the intern work on?** | Click here to enter text. |
| **What skills are required for this internship?** | Click here to enter text. |
| **What final deliverables will the student produce?** | Click here to enter text. |
| **How would you describe the primary purpose of this project? (Select one)** | \_\_Computer Science/IT  \_\_Science (Biology, Chemistry, Environmental)  \_\_Marketing/Communications  \_\_Project Management  \_\_Accounting/Finance  \_\_Other |
| **If “Other”, please specify** | Click here to enter text. |
| **Any additional information you would like to share?** | Click here to enter text. |