



**Gap Year/ Interim Year Internship  
2008-9 Fees and Payment**

**Boston:** \$2,500 per placement, one placement per semester

**New York City or Washington, DC.:** \$3,000 per placement, one placement per semester

**Payment Schedule**

**A deposit of \$750 must be submitted with each application. This includes a non-refundable \$50 application fee and a \$700 program deposit. The \$750 deposit is credited to the total tuition. The remaining tuition balance is due within one month of receiving notification of the workplace assignment and/or prior to the student's start date. Full payment must be received before the start of the internship. There will be no refunds once the workplace internship has been established.**

***The deposit:***

- Assures space in the program
- Covers the initial counseling meeting with student to determine areas of career interest
- Includes resume and interview preparation
- Initiates the process of contacting workplace mentors

***Deposit Refunds:***

If applicant withdraws prior to start date, a refund will be calculated less the following:

- Fee for initial counseling meeting: \$200
- Fee for resume prep: \$250

***No portion of deposit will be refunded once the placement search has been initiated.***

***The balance:***

- Covers a comprehensive search and communication to mentors in student's field of interest.
- Establishes an internship in one of student's field choices stated on application.
- Assures Email and phone contact from IC counselor throughout the internship.

***Balance must be paid once the Internship Connection has established the placement.***



**2008-9 APPLICATION**

Gap Year/ Interim Year

**Student Information**

*Please print and mail*    **Fall Semester Internship**    **Spring Semester Internship**

*Internship in:*    **Boston**    **New York City**    **Washington, DC.**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name and state of College \_\_\_\_\_

(list college grade completed if applicable) \_\_\_\_\_

Your Current Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Career Interest(s) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent Information**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address if different \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Parents find that e-mail communication is effective in instances when they would like to be informed about their student's participation in the program.**

How did you hear about Internship Connection? (Please be specific)

\_\_\_\_\_

## Payment Terms

Once the student has accepted the internship, balance of \$1,750.00 is due for a Boston internship and \$2,250.00 is due for a New York City or Washington, DC. internship. **Payment must be received within one month of receiving notification of the workplace assignment and/or prior to the student's start date. Full payment must be received before the start of the internship. There will be no refunds once the workplace internship has been established.**

Non-payment will result in cancellation of the internship. IC is not responsible if student cancels after the internship has been established. Full payment is still due. There will be no refund if the workplace mentor asks the student to terminate the internship due to poor behavior or work ethic during the internship.

I agree to payment terms:

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**Signature of Parent and Date**

## CONSENT and RELEASE FORM

I, the undersigned \_\_\_\_\_  
(*Legal relationship to student, e.g., "parent" or "guardian"*)

Of \_\_\_\_\_, do hereby consent to my child's  
(*name of student*)

participation in the Internship Connection program.

I also agree to forever release the Internship Connection, all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in this program of the Internship Connection ("the Releasees") from any and all claims, rights of action, and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in this program of the Internship Connection.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in this program of the Internship Connection.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in this program is voluntary and that my child and I are free to choose not to participate in said program. By signing this Form, I affirm that I have decided to allow my child to participate in this program of the Internship Connection with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in this voluntary Internship Connection Program.

In order to promote and advance career and occupational services for students, it is necessary to

educate professional workers, students, and the public about programs available through The Internship Connection. I authorize the Internship Connection to take and/or use my child's photo, video, writing, or testimonial for advertising, display, publicity or other use.

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

Parent or Guardian of: \_\_\_\_\_

- I have enclosed is a \$750 check (deposit) payable to: Internship Connection**
- Parent has signed the Payment Terms and Parent Consent and Release Form**

Mail to: Internship Connection, 17 Countryside Road, Newton, MA 02459

Student will be contacted after the application, consent form and deposit are received.