Internship Description Summer 2024

Please fill out this form for each type of intern you are requesting. We will need a robust internship(s) description for consideration in the NJ Career Accelerator Internship Grant Program. If you have a formal internship description, feel free to forward to CAIGP@OSHE.nj.gov

1. Name of Employer *	

2.	Indu	stry of Employer *
	\bigcirc	STEM
	\bigcirc	Biopharmaceutical & Life Sciences
	\bigcirc	Transportation, Distribution, Logistics
	\bigcirc	Financial Services
	\bigcirc	Retail Trade
	\bigcirc	Manufacturing
	\bigcirc	Health Care
	\bigcirc	Technology
	\bigcirc	Construction and Energy
	\bigcirc	Leisure and Hospitality
	\bigcirc	Non-profit
3.	Con	tact name *
4.	Con	tact E-mail address *

5.	Name of supervisor for internship *
6.	E-mail address of supervisor *
7.	Title of Internship *
8.	How many interns are you seeking for this role? (numbers only) *
9.	Modality of internship *
	O In-person
	Hybrid
	Remote

10.	Address of Employer *
11.	Can we include your physical address when promoting your internship opportunities? *
	Yes
	○ No
12.	Summary (overview of position) *
12	Desposabilities duties and projects (please use bullet points) *
13.	Responsibilities, duties, and projects (please use bullet points) *

14.	Desi	red Major(s) *
		Agriculture, Food & Horticulture
		Arts & Design
		Business, Entrepreneurship & Human Resources
		Civics & Government
		Communications
		Computer Science, Information Systems & Technology
		Education
		Engineering
		General Studies
		Health Professions
		Humanities & Languages
		Life Science
		Manufacturing, Production, and Skilled Trades
		Math & Physical Sciences
		Natural Resources, Sustainability & Environmental Science
		Social Sciences
		Technologies & Technicians
		Open to all Majors

16. Re	equired documents for application *
	Resume
	Cover Letter
	Transcripts (used to verify applicant is a student at a NJ IHE)
17. Wi	ill your intern be set up as *
\subset	W-2 employee
\subset) 1099 consultant