PHEAA Technology Scholarship
Internship Eligibility
Verification Form

This form is to be completed by students pursuing SciTech work experiences, under the Pennsylvania Technology Scholarship Program. After obtaining appropriate signatures, the student should submit this form to the Financial Aid Office.

Complete prior to work experience:

Student's Name _____ Geneva ID#_____

Address: _____ Phone: ( )_____

_____ Advisor's Name_____

Major: _____ GPA: _____ Credits Completed: _____

YEAR in School: _____ SEMESTER (credits): _____Fall _____Spring _____Summer

[ ] Work Experience
[ ] Internship Internship Course No. _____ **493 (if desiring internship credit)**
(Dept. Code)

Location: (complete address) _____

_____

Description: _____

_____

Dates: _____

Expected Time Involvement: (hours/week) _____

Name of on-site supervisor: _____ Phone: ( )_____

Number of Credits (if taking for credit): _____

This work experience must be performed with a company that has operations in Pennsylvania.

_____ _____
(Preapproval Signature of Academic Advisor (Date)

To be completed after the work experience.

This work experience is relevant to the student's major and has been successfully completed.
The department is grading the experience if academic credit is being requested.

Faculty Signature: _____

Student should now submit this form to the Financial Aid Office