

Charitable Internship Program Quarterly Report

This Fill-in Form will allow you to enter information while the form is displayed and then print the completed form for your records and for filing with the Foundation. Should you desire to print this form out and complete it by hand, please print clearly.

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Due Date:		Contractor Name:	
	1st Qtr	ID #	
	2nd Qtr	Supervisor Name:	
	3rd Qtr	Organization:	
	4rth Qtr	Expected Graduation date:	
	rld Foundation must receive a completed co onth to issue your check!	py of this form between the 18th and 22nd of the	
1. List your service activities in general and the average weekly hours for each category Hours			
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Check	chere if your hours have changed (please e	explain below) Average Weekly Hours	
2. Give a brief summary of your activities over the past three months.			
3. What are	e some of your goals for the nex	t three months?	
4. List any	income received for your Charita	able Activities from the associated organiz	zation.
5. List any	Vacation time used (number of v	weeks) during this quarter.	

6. List any Support Development time used (number of weeks) during this quarter.			
Associate's Signature:			
"I have read this report and verify that it is accurate."			
Supervisor's Signature:			