

SUMMER INTERNSHIP BUDGET FORM

We expect that you will provide a reasonable student budget for your individual expenses based on the cost of living in the location of your internship. Please list all in US dollars. Your application may be denied if your estimated costs are unreasonable. For example: travel to New York can be done reasonably and economically by bus; food costs should be based on preparing your own meals the majority of the time, not eating out all the time unless your living situation requires this. **PERSONAL EXPENSES SUCH AS ENTERTAINMENT, CREDIT CARD DEBT AND VACATION TRAVEL ARE NOT ELIGIBLE EXPENSES.** In addition, you may NOT count your Cambridge area apartment as an expense unless you are doing an internship in the Cambridge area. We expect you to sublet your apartment to cover that expense, if necessary.

Budget from _____ (mm/dd/yy) to _____ (mm/dd/yy)
Work period from _____ (mm/dd/yy) to _____ (mm/dd/yy)

EXPENSES

Travel by air / train / bus (please be sure to check STA travel <http://www.sta.com> or Council Travel <http://www.counciltravel.com/> for student airfares): \$ _____

Lodging (per week): _____ X Number of weeks: _____ = \$ _____
(Including utilities)

Food (per week): _____ X Number of weeks: _____ = \$ _____

Local transport (bus, subway) \$ _____

Visa, immunizations, travel insurance: \$ _____

Other (please specify): _____ \$ _____

Other (please specify): _____ \$ _____

Total Expenses: \$ _____

REVENUE

Monetary compensation provided by employer: \$ _____

Other awards already received (please specify source: _____): \$ _____

Other sources of funding (scholarship stipends, part-time work, etc.): \$ _____

Total Revenue: \$ _____

TOTAL FUNDS NEEDED FOR INTERNSHIP (Total Expenses minus Total Revenue): \$ _____

OTHER CONTRIBUTIONS

Personal/Family contribution available: \$ _____

In-kind contributions provided by employer (describe or list dollar amount): _____

Amount of other funding you are applying for -- please provide name of fund(s) and amount(s): _____

I certify that the above estimates are accurate to the best of my knowledge. I will provide my HKS grant source with any new information that affects my expenses or sources of funding as it becomes available. If I receive additional funding beyond the cost of the internship, I will inform my HKS grant source, and I understand that my grant may be reduced by that amount.

Signature

Date

Print name: _____