

**JOHN KNOX PRESBYTERY
APPLICATION FOR STUDENT INTERN (COSIP)**

Please complete the following form and submit to COM by **June 1**.

Name/Address of Teaching Church: _____

Pastor of Teaching Church: _____

Supervisor of Student Intern: (must be ordained minister) _____

Lay Support Committee for Student Intern:

Position Description for Student Work (10-15 hours/week)

Rationale for Request of Student Intern: (describe how student work relates to church program plans)

Terms of Internship: Begin _____ End _____

Funding Source for Student Intern:

Amount Requested of COM _____

Amount to be Provided by Teaching Church _____

Note: Payment of any financial support by COM will be made in two installments. Each payment of the authorized reimbursement will be made after receipt of satisfactory proof that the student has successfully completed the semester's work. This will include the evaluations and other information from UDTs.