

**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 \_\_\_\_\_