

**JAMES W. CROWLEY
2022 SUMMER INTERNSHIP GRANT PROGRAM**

Name: Telephone:

Position: E-mail:

Address:

City: State: Zip:

Please Initial

I am interested in participating in the Crowley Summer Internship Grant Program.

I understand that I am responsible for hiring and paying the intern student. The student must be enrolled at UW-Madison. If approved by the Crowley Fund Oversight Committee, I will receive a grant of \$3,500 during the summer of 2022 to defray a portion of the expense.

State briefly below or on a separate sheet what type of activities you envision the student performing during this internship:

Date: Signature:

Please return to Al Schultz by November 1, 2021

Al Schultz, 720 Tamarack Ct., Verona, WI 53593

E-mail: aaschultz@tds.net