



**NEW YORK STATE ASSOCIATION FOR SOLID WASTE MANAGEMENT
INTERNSHIP GRANT APPLICATION**

ORGANIZATION/ENTITY/COMPANY:

ADDRESS:

CONTACT PERSON NAME

CONTACT PHONE

CONTACT EMAIL

DESCRIPTION OF SOLID WASTE PROJECT AND OBJECTIVE (Include a timeline):

INTERN ASSIGNMENT/DUTIES

AMOUNT OF FUNDING REQUESTED (Not to exceed \$8,000; provide brief explanation).
Note: Organization/Entity/Company personnel wages and benefits cannot be included in the Grant request.

INTERN INFORMATION

FIRST & LAST NAME:

MAILING ADDRESS

CONTACT INFORMATION PHONE/EMAIL

BACKGROUND INFORMATION

EDUCATION: Institution(s) Attended and Address; Major/Area of Study; Degree or Level of Education; Year(s) Attended

EMPLOYMENT HISTORY:

NYSASWM AFFILIATION (if any)

If needed, provide additional pages with requested information.

SIGNATURE OF APPLICANT

DATE SUBMITTED

**SEND COMPLETED FORM TO: JEFF BOUCHARD, NYSASWM
c/o NYSAC, 540 Broadway, Albany, NY 12207
or via e-mail to: jbnysaswm@gmail.com**