



Child Life Internship Scholarship

The purpose of the TACLCP Internship Scholarship is to assist one child life intern during their internship semester.

Scholarship Conditions:

1. Applicants must be a current TACLCP member.
2. Scholarships are awarded to one child life intern per semester.
3. Scholarship recipient will be awarded \$500 from the Texas Association of Child Life Professionals.
4. Education/Internship Coordinator must sign documentation that intern has accepted the position and will be completing internship at their institution.



Texas Association of **Child Life** Professionals

Internship Scholarship Application Form

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail: _____

Internship Location: _____

Semester:

Fall

Winter

Summer

Submit completed application with the following:

One page maximum essay:

How will this scholarship benefit your internship experience?

Professional resume

Internship verification form

Scholarship reference form

(reference to be sent directly to TACLP from referring source)

All application requirements must be submitted to tacplmembership@gmail.com by the dates below in order to be considered. If sending more than one attachment, please label clearly with your name and content of the attachment (e.g., Name_Resume, or Name_Essay)

Upcoming Due Dates

Internship Semester	Application Due Dates
Spring 2021 Interns	November 22nd
Summer 2021 Interns	March 14th
Fall 2021 Interns	June 13th



Texas Association of **Child Life** Professionals

Internship Verification Form

Date: _____

This document is to provide documentation that _____ has accepted a child life internship at _____ with a start date of _____.

Signatures:

Education Coordinator/Internship Coordinator

Date

Intern

Date



Texas Association of Child Life Professionals

Scholarship Reference Form

Applicant Name: _____

Reference Name: _____

Reference Organization: _____

Reference Phone: _____ Reference E-mail: _____

How long have you know the candidate? _____

In what capacity have you worked with the candidate? _____

Please tell us how you would rate the candidate in the following areas:

	Poor (1)	Below Average (2)	Average (3)	Above Average (4)	Outstanding (5)	N/A
Work ethic						
Dependability						
Maturity						
Attitude						
Professionalism						
Motivation						
Respect for others						
Collaborates with team						
Ability to be a self-starter						
Accepts supervision/feedback						
Easily establishes rapport with patients						
Knowledge of child development						
Communication with adults						
Communication with children						
Written communication						

Do you recommend this candidate for a child life internship scholarship?

- Yes**, I recommend the candidate for the scholarship
- No**, I do not recommend the candidate for the scholarship

If you stated “no” for the previous question, please indicate the reason(s):

Why do you feel this applicant would make a good recipient of the TACLP Internship Scholarship?

Reference Signature: _____ Date: _____

Please email this form to taclpmembership@gmail.com by December 6, 2019.