



## **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 [tacpmembership@gmail.com](mailto:tacpmembership@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 2022 Interns	November 21st
Summer 2022 Interns	March 13th
Fall 2022 Interns	June 12th



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](mailto:taclpmembership@gmail.com) by December 6, 2019.