

**Technology Work Experience Internship Program
Postsecondary Institution Application**

The Technology Work Experience Internship Program provides matching funds to approved postsecondary institutions in support of students completing internships and/or work experience with emerging technology companies located within the Commonwealth. Institutions that are seeking to participate in this program must be approved for participation in the New Economy Technology Scholarship (NETS) Program prior to completing and submitting this application. Questions regarding this program or the application process may be directed to State Grant and Special Programs at 1-888-877-1457 (this number is reserved for the use of financial aid administrators, employers and other personnel at secondary and postsecondary institutions).

Section I - Institution Demographic Data

1. Is your institution approved for participation in the NETS Program?

Yes _____ No _____

(If you answered yes, please complete and submit this application. If you answered no, your institution is not eligible to participate and this application should not be submitted.)

2. Institution Name _____

3. Institution Address _____

4. Institution OE Code _____

5. Institution Contact _____

Title _____ Telephone # _____

Fax # _____

E-mail Address _____

6. Briefly describe the screening process your institution will employ in identifying those students who will participate in the Technology Work Experience Internship Program:

Section II - Institution Certification

I hereby certify that the information contained on this application is correct. I understand that submission of this form does not guarantee that our institution will be approved to participate in the Technology Work Experience Internship Program. I also understand that a Participation Agreement and Prospective Employer Form will be sent to our institution if this application is approved and that an official of this institution must complete both the Participation Agreement and Prospective Employer Form before any funds will be disbursed.

Name _____

Signature _____

Title _____

Telephone _____ Date _____

Return the completed application to:

Pennsylvania Higher Education Assistance Agency
Technology Work Experience Internship Program
State Grant and Special Programs
1200 North Seventh Street
Harrisburg, PA 17102-1444

KRN/dmh