

**Science, Mathematics, and Research for Transformation (SMART) Scholarship
Recruitment Internship Request**

OMB NO. 0704-0466
OMB approval expires
20251231

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 4093, Science, Mathematics, and Research for Transformation (SMART) Defense Education Program; 10 U.S.C. 133a, Under Secretary of Defense for Research and Engineering; DoD Directive 5137.02, Under Secretary of Defense for Research and Engineering (USD(R&E)); DoD Instruction 1025.09, Science, Mathematics, and Research for Transformation Defense Education Program.

PURPOSE: To record an internship request for a SMART Scholar.

ROUTINE USES: While the information requested on this form is primarily intended to be used internally, in certain circumstances it may be necessary to disclose this information externally, pursuant to 5 U.S.C. 552a(b)(3), including to contractors, grantees, experts, consultants, students, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for the Federal Government when necessary to accomplish an agency function. A complete list of routine uses may be found in the applicable Privacy Act System of Records Notice, DUSDA 14, Science, Mathematics, and Research for Transformation (SMART) Information Management System, found at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDA-14.pdf?ver=KO2ZkLWhxB3QCZoRTEIMFA%3d%3d>

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in SMART scholar being non-compliant with SMART policy, and subject to possible dismissal.

The public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provisions of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

INSTRUCTION: All SMART Scholars complete internships with their sponsoring facility (SF) each year the award crosses a summer period. Internships are between 8 and 12 weeks unless the SF requests a different length. Scholars work with their SF to coordinate internship start and end dates that are agreeable to the SF. Additional information can be found in the SMART Scholar Handbook.

SECTION 1 – Scholar Information

Name (Last, First, MI):	Cohort Year:
Phone:	Email:
Degree Level Funded by SMART: <input type="checkbox"/> BS <input type="checkbox"/> BS/MS <input type="checkbox"/> MS <input type="checkbox"/> PhD	Field of Study:
Degree Completion Date (YYYYMMDD):*	Degree Conferral Date (YYYYMMDD):**

***Degree Completion Date:** Date on which an individual completes all degree requirements. This generally occurs prior to degree conferral and is not set forth on official transcripts.

** **Degree Conferral Date:** Date on which a degree is bestowed upon an individual. This is set forth on the official transcript reflecting the degree earned and may occur after degree completion.

SECTION 2 – Internship Information

SF:

First Day at SF:	Last Day at SF:
SF Point of Contact (POC) Name:	
SF POC Phone:	SF POC Email:
Do you anticipate internship-related travel within your internship period?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the anticipated travel dates and destinations:	

*Internship related travel does not include initial travel to or return travel from internship. Internship related travel refers to any travel that will occur during the internship.

SECTION 3 – Location Information

SMART may provide Internship Support Payments for scholars who need to relocate closer to their SF in order to perform their summer internship. Scholar address is defined as the location that scholars travel from to relocate closer to their SF, if applicable. If you do not need to relocate, please list your summer residence address below.

Scholar Address* Line 1:

Scholar Address Line 2:

City:	State:	Zip Code:
SF Address Line 1:		
SF Address Line 2:		
City:	State:	Zip Code:

SECTION 4 – Academic InformationAre you currently on academic probation with the SMART Program? Yes NoDo you anticipate that your cumulative GPA will be below a 3.0 at the time of your internship start date? Yes No**SECTION 5 – Statement of Understanding**

By signing below, I certify that all information provided is true and accurate to the best of my knowledge.

Please initial:

_____ I have attached documentation from my SF confirming the dates of my internship.

_____ I understand that if my cumulative GPA falls below 3.0 after this request is processed, but before I begin my internship, I must notify the SMART Program immediately.

_____ I understand that if I receive Internship Support Payments and then do not perform my internship, per to the dates detailed in this request, I may be responsible for repaying all Internship Support Payments extended on my behalf.

_____ I certify that the Scholar Address provided in section 3 is the location that I will be traveling from in order to relocate (if needed) near the SF for the purpose of completing an internship.

Scholar Signature

Date Signed (YYYYMMDD)

----- DO NOT WRITE BELOW THIS LINE / SMART SCHOLARSHIP PROGRAM USE ONLY -----

SECTION 6 – Additional Information/Remarks**SECTION 7 – SMART Program Review**Verified Clearance Status: Cleared Interim Eligible Not Cleared (Action Needed)Verified Academic Standing: GPA Above 3.0 GPA Below 3.0 (Action Needed)

Current Cumulative GPA: _____

Verified Distance Between Scholar Address, per section 3, and SF: Eligible for Internship Support PaymentDistance (in miles): _____ Not Eligible for Internship Support Payment

Verified Internship Support Payment Amount: \$ _____ per week

Internship Length (Number of Weeks): _____ Total Amount of Internship Support Payment Funding: _____

Payment 1 Date: _____ Payment 2 Date: _____ Payment 3 Date: _____

Payment 1 Amount: \$ _____ Payment 2 Amount: \$ _____ Payment 3 Amount: \$ _____

Internship Report Due Date: _____

Reviewed by (Name): _____ Date (YYYYMMDD): _____