



## Rural Internship Program Application

The DDCT is offering \$2000 in scholarships to Chambers of Commerce, local Economic Development organizations or tourism organizations for the internship of high school students that promotes economic development in rural communities. To be eligible for this program, the rural community population must be 20,000 or less based on the 2010 US Census and must be located within the seven-county Central Texas Council of Governments (CTCOG) region.

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**1. Applicant community population per 2010 US Census:** \_\_\_\_\_

**2. What community service will the student be assisting?**

Chamber of Commerce ( ) Economic Development Org ( ) Tourism Organization ( )

Other ( ) Explain: \_\_\_\_\_

**3. Current Staffing and reason for need of student Intern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Tasks/Responsibilities student will be assigned:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Skillsets/Talents the student should possess:**

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6. **Desired start date for Student Intern: \_\_\_\_\_/\_\_\_\_\_/2021.**

NOTE: Student must submit a Letter of Acceptance to the Organization within 60 days of being selected. Only 4 Applications will be selected by the Board per fiscal year.

7. **Estimated Daily/Weekly hours required from Student Intern: \_\_\_\_\_**

NOTE: \$500 scholarship will cover approximately 69 hours based on minimum wage of \$7.25/hour. Scholarship may be split between students.

8. **Additional Information/Comments:**

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**Application submitted by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_/ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications or questions may be submitted to Helen Owens at [helen.owens@ctcog.org](mailto:helen.owens@ctcog.org).

**Application Deadline is April 1, 2021**

Applications will be evaluated by the DDCT Board and recipients selected on April 8, 2021.

To be completed by DDCT Staff:	Date Application received _____
DDCT Board Action: Application Approved/Denied	Date of Action: _____
If denied, explanation: _____	