

Description/Details

Mother Jones interns get training and hands-on experience in the editorial, online, production, and business aspects of an award-winning national magazine. *Mother Jones* and its parent organization, the Foundation for National Progress, are committed to building and maintaining a diverse and welcoming work place. Therefore, to help facilitate the ability of all applicants to participate in this program, in addition to the travel stipend of \$150/month, for those that qualify a scholarship stipend has been developed to offset the cost of living.

Required Information Please print or type in blue or black ink.

Name _____

1. Please provide a copy of your most recently filed individual tax return, if one has ever been filed.
2. For tax filing purposes, are you considered a dependent of any other tax payer? Y / N If so, by whom, and what then is the annual adjusted gross income of whoever can claim you as a dependent? \$_____.
3. List all other sources of income **you will have available to you at the time of internship** (should you be offered an internship) with *Mother Jones*, including, but not limited to (list source and annualized gross income from each source):
 - family contributions \$_____.
 - paid jobs \$_____.
 - savings \$_____.
 - scholarships \$_____.
 - other _____, \$_____.
 - other _____, \$_____.

Are there any extenuating circumstances that should be considered when reviewing your application for scholarship?

Authorizing Signature

I hereby declare that all of the above statements, and information contained in the material submitted in support of this application are, to the best of my knowledge, true and correct in all aspects.

Signature: _____

Date: _____

Printed Name: _____

Please send your completed scholarship application marked Confidential, to Emma Logan, Director of Human Resources, Foundation for National Progress, 222 Sutter Street, Suite 600, San Francisco, CA 94108.

The above information and material submitted will only be used for the purpose it was obtained.

For Administrative Use Only

Total Amount of Scholarship \$_____/month

Approval* _____ Date _____

Approval* _____ Date _____

*approval by 2 authorized FNP representatives required