



School of Arts and Sciences and Engineering

Office of Student Financial Support

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Baltimore, MD 21218

PH: (410) 516-8028

Questions: <https://support.sis.jhu.edu/case-home>

Summer Savings Waiver Grant Application – Summer 2026

Purpose:

The Office of Student Financial Support does not want financial considerations to prevent students with financial need from pursuing summer experiences that contribute to their career preparation and supplement their academic work. A student who is receiving need-based institutional grant funding and who participates in an unpaid internship or research opportunity related to their major or career goal for 20 hours per week or more during the summer may apply for a Summer Savings Waiver Grant. The maximum Summer Savings Waiver Grant is \$2,600. Availability of funding cannot be guaranteed. Decisions will be based on the financial need of the applicant, date of application, and on a review of the student's description of the opportunity and its relevance to the student's academic and career objectives. Students who receive the Summer Savings Waiver Grant will receive a \$2,600 grant after the internship/research opportunity is complete. The grant replaces the summer savings expectation for the 2026-27 academic year.

Instructions:

Summer Savings Grant applications are not considered complete until the following requirements are fulfilled. All applications must be thoroughly completed and submitted by April 21, 2026.

1. Complete Summer Savings Waiver Grant application.
2. Brief description of summer unpaid internship/research opportunity (typewritten, one page, signed).
3. All 2026-27 forms required for need-based financial aid must have been submitted. The status of financial aid documents can be verified on the Financial Aid To Do List tab of SIS Self-Service.

Guidelines for written description of internship/research opportunity:

Regardless of the number of internship or research experiences you are planning to participate in submit one all-inclusive description which includes the following:

1. The specific internship(s) or research experience(s) you will participate in, including duties or projects assigned to you, skills you hope to learn and use, and how the internship or research experience relates to your current or previous academic work
2. Include a brief description of your career goals and describe how the internship and/or research experience will advance your career objectives.

Applicant Information:

NAME		YEAR OF STUDY 2026-27	
EMAIL ADDRESS		MAJOR	
JHU ADDRESS			
SUMMER ADDRESS			
CELLPHONE			

Summer Internship/Research Opportunity Information:

SPONSORING ORGANIZATION 1			
DURATION OF INTERNSHIP (# weeks)		START DATE / END DATE	
ADDRESS			
SITE SPONSOR CONTACT NAME			
SPONSOR EMAIL		SPONSOR PHONE	
HAVE YOU BEEN ACCEPTED FOR THE INTERNSHIP/RESEARCH OPPORTUNITY?	YES	# INTERNSHIP DAYS PER WEEK	
	NO	INTERNSHIP HOURS PER DAY	

SPONSORING ORGANIZATION 2			
DURATION OF INTERNSHIP (# weeks)		START DATE / END DATE	
ADDRESS			
SITE SPONSOR CONTACT NAME			
SPONSOR EMAIL		SPONSOR PHONE	
HAVE YOU BEEN ACCEPTED FOR THE INTERNSHIP/RESEARCH OPPORTUNITY?	YES	# INTERNSHIP DAYS PER WEEK	
	NO	INTERNSHIP HOURS PER DAY	

SPONSORING ORGANIZATION 3			
DURATION OF INTERNSHIP (# weeks)		START DATE / END DATE	
ADDRESS			
SITE SPONSOR CONTACT NAME			
SPONSOR EMAIL		SPONSOR PHONE	
HAVE YOU BEEN ACCEPTED FOR THE INTERNSHIP/RESEARCH OPPORTUNITY?	YES	# INTERNSHIP DAYS PER WEEK	
	NO	INTERNSHIP HOURS PER DAY	

SPONSORING ORGANIZATION 4			
DURATION OF INTERNSHIP (# weeks)		START DATE / END DATE	
ADDRESS			
SITE SPONSOR CONTACT NAME			
SPONSOR EMAIL		SPONSOR PHONE	
HAVE YOU BEEN ACCEPTED FOR THE INTERNSHIP/RESEARCH OPPORTUNITY?	YES	# INTERNSHIP DAYS PER WEEK	
	NO	INTERNSHIP HOURS PER DAY	



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STUDENT CERTIFICATION

- I have completed all of the financial aid application documents displayed on SIS Self-Service.
- Description of unpaid internship/research opportunity is attached.

I affirm that I am participating in an unpaid internship/research opportunity (more than 20 hours per week) during the summer of 2026.

Student Name (printed)

Signature

Date

Office Use Only

Approved: YES NO

Date: