2020 Internship Grant Instructions & Application
The Harrington Center for Experiential Learning
Harringtoncenter.dept@colby-sawyer.edu
Colgate Hall, room 121

Application Instructions/Information:

- High academic and social standing is required for students at the time of this application. We will confirm your standing with Citizenship Education and review your transcript.
- Return this completed application along with the items listed below to the Harrington Center for award consideration.

Required Materials

- Application and funding pages (sheets 1, 2 and 3) with essay attachment (see sheet 1 below).
- Confidential Conduct Clearance form (sheet 4) signed and submitted directly to the Harrington Center by Student Development/Citizenship Education.
- Two Confidential Recommendations forms (sheets 5 and 6):
  1. Completed by a past or current CSC faculty member
  2. Completed by a past or current employer

  Recommendations must be sealed and sent directly to: Colby-Sawyer College, The Harrington Center for Experiential Learning, 541 Main St., New London, NH 03233, or scanned and emailed directly to director, Jennifer Tockman at Jennifer.Tockman@colby-sawyer.edu.
- Copy of your unofficial transcript. (You can print this out from PCSS.)
- Internship Contract should be submitted or provide an employer offer letter as proof of internship.

Important Notes:

- Selection Committee will consider whether or not the internship is taking place outside of applicant’s home state (or far from applicant’s home) as a factor when awarding funds.
- If chosen to receive a grant, you will act as a Colby-Sawyer College ambassador during your experience away. With this position comes responsibility both socially and professionally.
- If chosen to receive a grant for an experiential learning opportunity, you may be expected to present to a chosen group of individuals upon your return about your experience away. This presentation may be highlighted in CSC marketing materials.
- Priority will be given to students who have not received past internship grants.
- Funding may not be used for tuition payment of internship (or tuition costs of programs).
- May apply for up to a maximum of $4,000
- All awards over $600 are considered taxable income.
Internship Grant Application: Information Sheet (1)

CSC Student ID#: ___________________________ Residence Hall (if applicable): ___________________________

Name: ____________________________________ __________________________________________________________

(Last) (First) (Middle Initial)

Cell #: ____________________________________ __________________________________________________________

Email: ____________________________________

Permanent (home) Address: ________________________________________________________________

(Street Address)

(City) (State) (Zip)

Permanent (home) Phone: ________________________________________________________________

Student Citizenship: ________________________________________________________________

Internship Information (if applicable):

Internship Contract has been submitted by grant deadline for internship ☐Yes ☐No

Internship Contract has been approved by all parties at time of this application ☐Yes ☐No

Business/Organization for Internship

Site Supervisor
Name ________________________________________________________________

Site Supervisor Phone &
Email ________________________________________________________________

Estimated start date ___________________________ Estimated end date ___________________________

Physical address of internship
site ________________________________________________________________

Internship URL ________________________________________________________________

Essay: Please submit on an additional sheet and attach to application.

Why have you chosen this organization as your internship site/job shadow site? What do you think you will gain professionally from participating at this site? What do you believe you have learned through your academics and co-curricular activities at Colby-Sawyer College that has prepared you for this experience? What do you believe you will be able to offer this organization in terms of your current skillset and industry knowledge? Please include evidence to support your essay.
Internship Grant Application: Information Sheet (2)

Academics:

Classification:  ☐ First Year    ☐ Sophomore    ☐ Junior    ☐ Senior

Tuition Waiver Dependent?  *(Parent works at CSC or one of the Consortium schools):*  ☐ Yes  ☐ No

Major(s): ____________________________________________ Minor(s): ________________________________

Academic Advisor: ____________________________________________________

Cumulative GPA: ______________________________________________________

Number of semesters at CSC, including current semester: ______________________

Anticipated date of graduation (semester/year): ____________________________

Have you ever been called to a Citizenship Education hearing (with an AD, Community Council, or Cit. Ed Staff member)?  ☐ Yes  ☐ No
Have you ever been accused by faculty member of academic dishonesty?  ☐ Yes  ☐ No

If no, skip to the Application Confirmation below
If yes, what were you charged with? Were you found responsible? Please explain.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you were found responsible, what was your sanction? Have you completed it? How can you guarantee that this will not be an issue while you are interning?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Remember that we will be confirming your standing and history with Citizenship Education and your academic honesty after the application deadline, so it is important to be honest here. We approve applications on a case by case basis, so the simple fact of having been involved in an incident may not necessarily preclude you from being awarded funding.

Application Confirmation

I certify that the information shown on this application form is correct to the best of my knowledge. I am aware that if I become a student in this experience away, I will comply with all rules, regulations, and instructions for employee/intern/student behavior. I understand that CSC has the right to take away this grant benefit due to unsatisfactory academic/internship/job shadow work or behavior between the time of the application and completion of the program.

Student Participant’s Signature: ___________________________ Date: ________________
Grant Funding Breakdown Sheet (3)

**Funding:** Grants are available for up to $4,000 each to be used strictly for summer 2019 internship expenses. Please indicate how much you wish to apply for up to $4,000 and how will you use this funding.
<table>
<thead>
<tr>
<th><strong>Intership Grant Funding Breakdown</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Major</strong></td>
</tr>
<tr>
<td><strong>Internship Site</strong></td>
</tr>
<tr>
<td><strong>Start Date</strong></td>
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<tr>
<td><strong>End Date</strong></td>
</tr>
<tr>
<td><strong>Have you ever received a CSC internship grant in the past?</strong></td>
</tr>
<tr>
<td><strong>If so, how much were you awarded?</strong></td>
</tr>
</tbody>
</table>

**Expected Internship Expenses**

- **Housing if needed:** $ per month
- **Total Housing** $ (please provide screen shot of example rents found)

**Transportation Expenses:**

- **gas/car, if needed:** $ per month costs
- **flights, if needed:** $ (please provide screen shot of airline pricing)
- **public transport, if needed:** $ per month fees/tickets
- **other:** $ detail: __________________________________________
- **Total Transportation** $ 

**Other Living Expenses:**

- **Other** $ 
- **Other** $ 
- **Other** $ 
- **Total Other** 

**Total Funding Requested** $ 

(* *Funding is not available to cover clothing or other personal expenses (such as cosmetics, hair appointments, entertainment, etc.)*

*Internship Grant Application (updated 1/2020)*
Internship Grant Application (4)
The Harrington Center for Experiential Learning
541 Main Street I New London, NH  03257
Harringtoncenter.dept@colby-sawyer.edu

Confidential Conduct Clearance Form
Applicant, complete the upper section, then submit this form independently to the Student Development Department, it will then be delivered directly by Student Development to Harrington Center for submission.

__________________________________________ has submitted an application for an internship
(Student Name)

grant in __________________, ______ with ________________________________
(City) (State) (Business/Organization Name)
during the SUMMER 2020 semester or beyond.

In order to be eligible to participate in this program the Director of Citizenship Education must certify that this student is in good social standing at the time of application. Whether or not a student is considered in good social standing will be at the discretion of the Director reviewing the conduct file. Each student record will be reviewed on an individual basis and the Harrington Center will make the final determination pertaining to eligibility for the internship grant program.

Student Development Office
The purpose of this form is to ensure that the student is suitable for an internship grant. Participating students represent Colby-Sawyer College and act as ambassadors of our college and our nation. Please use an additional sheet of paper if necessary. This form should be returned directly to the Harrington Center upon completion. The contents of this clearance form will be kept confidential.

Describe below a brief description of the student’s conduct history:

☐ No incidents on file

Violation Description: ___________________________________________ Date:_____________ Sanction: ___________________________ Sanction Period: _______to_________
Completed: ☐Yes ☐No

Violation Description: ___________________________________________ Date:_____________ Sanction: ___________________________ Sanction Period: _______to_________
Completed: ☐Yes ☐No

I hereby certify that ____________________________________________________________

☐ is ☐ is not ☐ with reservations, in good social standing with CSC and Student Development.

Office of Student Development:
Signature: ___________________________ Printed Name: ___________________________
Position: ___________________________ Date: ___________________________

Harrington Center Office Use Only-Date Received: ___________________________
**Internship Grant Application (5)**

The Harrington Center for Experiential Learning  
541 Main Street  I  New London, NH  03257  
Harringtoncenter.dept@colby-sawyer.edu

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**Experiential Learning Grant - Confidential Recommendation Form/Faculty member**

**To be completed by applicant**

I understand that by signing this form I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act of 1974 (FERPA), and I waive my access right voluntarily by signing this form.

Student Name:__________________________________     Student ID#:___________________________________  
Signature:______________________________________     Date:________________________________________

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**To the Recommender:**

Please return this form directly to the Harrington Center, Library 505. If the student has signed the waiver above, the contents of this reference form will be kept confidential. We would appreciate your comments on the student’s suitability for this grant program. Participating students represent Colby-Sawyer College and act as ambassadors of our university and our nation. Please use an additional sheet if necessary.

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For how long and in what capacity have you known the applicant?____________________________________

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Please indicate below (with a check mark) the applicant’s ability and academic competence in comparison with other individuals you have known at similar stages of their academic careers and with others who may have previously applied for, or participated in, a similar program.

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<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to Judge</th>
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<td>Academic/intellectual potential</td>
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<tr>
<td>Overall rating of candidate</td>
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Do you have any concerns about this student participating in an internship?  
☐ Yes  ☐ No

If **yes**, please elaborate below (and attach additional sheets if necessary):

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Reference Information

Name_________________________________________     Position______________________________  
Signature________________________________________________________     Date_______________

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Please return this form directly to:  
The Harrington Center –Colby-Sawyer College, Harrington Center (Colgate 121), 541 Main St., New London, NH 03257

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*Internship Grant Application (updated 1/2020)*
Experiential Learning Grant - Confidential Recommendation Form/Employer

To be completed by applicant
I understand that by signing this form I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act of 1974 (FERPA), and I waive my access right voluntarily by signing this form.

Student Name:__________________________________     Student ID#:__________________________
Signature:______________________________________     Date:________________________________________

To the Recommender:
Please return this form directly to the address at bottom of sheet. If the student has signed the waiver above, the contents of this reference form will be kept confidential. We would appreciate your comments on the student’s suitability for this grant program. Participating students represent Colby-Sawyer College and act as ambassadors of our university and our nation. Please use an additional sheet if necessary.

For how long and in what capacity have you known the applicant?________________________________________
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Please indicate below (with a check mark) the applicant’s ability and academic competence in comparison with other individuals you have known at similar stages of their academic careers and with others who may have previously applied for, or participated in, a similar program.

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Do you have any concerns about this student participating in an internship?   ☐ Yes   ☐ No
If yes, please elaborate below (and attach additional sheets if necessary):
________________________________________________________________________________
________________________________________________________________________________
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________________________________________________________________________________

Reference Information
Name_________________________________________     Position________________________________________
Signature________________________________________________________     Date_______________

Please return this form directly to:
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