

THE HUTTON HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM
PROFESSIONAL EXPERIENCE INTERNSHIP GRANT
APPLICATION FORM

NAME OF APPLICANT _____ I.D.# _____
 E-MAIL _____ MAJOR _____ DATE SUBMITTED _____
 SEMESTER AND YEAR OF INTERNSHIP _____

Application Deadlines:
Fall Semester Grants - 5 p.m. Friday after Spring Break
Spring Semester Grants - 5 p.m. Last Friday in October
Summer Grants - 5 p.m. Friday before Spring Break

For more information: <http://www.indiana.edu/~iubhonor>

Return this application directly to:

Undergraduate Grant Program
Hutton Honors College
Indiana University
811 East Seventh Street
Bloomington, IN 47405

PLEASE TYPE OR PRINT CLEARLY.

Previous Hutton Honors College Grants Received: Type(s) & Date(s) _____

Campus Address _____ Phone _____

Cumulative IU GPA _____ Expected date of graduation _____ Date entered IU _____

Class standing during semester of proposed grant _____

Transfer students: list previous colleges attended _____

Summer applicants: Address (summer)

Phone _____ Will you enroll at IUB Summer I? _____ If yes, how many hours _____

Courses Related to Internship:

Other Courses in Major Area:

Dept.	Course#	Title	Grade	Dept.	Course#	Title	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Faculty sponsor for internship: Name _____ Dept _____

Internship supervisor: Name _____ Title _____

Address _____ Phone _____

Previous related experience:

Expected employment and other financial aid during period of grant:

Expected hours of enrollment during semester of internship _____

INTERNSHIP

Answer each of the following as appropriate. Use additional sheets as necessary.

A. Descriptive title, if any, of the Internship:

B. Nature and duration of the Internship: How many weeks? _____ How many hours per week will you work? _____

Will you be paid for your work? _____ How much? _____

Describe your duties as fully and specifically as possible:

C. Purpose of the Internship: How does this internship relate to your academic and professional aspirations?

When and why did you become interested in this internship?

D. Additional comments:

Applicant's Signature _____ Date _____

THE HUTTON HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM
INTERNSHIP SUPERVISOR RECOMMENDATION FORM
PROFESSIONAL EXPERIENCE INTERNSHIP GRANT

Letter of recommendation for _____ (student's name)
Semester and year of internship _____

WAIVER

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law permits the students to sign a waiver relinquishing their rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means that the student will have the right to read this recommendation.

Student's signature _____ Date _____

This waiver must accompany the recommendation form. This waiver, as well as the recommendation form, should be returned directly to:

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Indiana University
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Bloomington, IN 47405

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INTERNSHIP SUPERVISOR RECOMMENDER:

Name _____ Title _____

Address _____ Phone _____

_____ E-Mail _____

I wish to support the application of _____ for a Hutton Honors College Professional Experience Internship Grant.

How many weeks will the internship last? _____

How many hours per week will the intern work? _____

Will the intern be paid by you? _____ If so, how much? _____

IMPORTANT NOTE: If this internship grant helps fund a student who participates in the publication of a journal, magazine, or other periodical the Hutton Honors College would appreciate being recognized in print for its support.

1. **Please describe** the intern's duties as fully as possible.

2. Why did you choose this applicant for an internship'?

3. Other Comments:

Signature _____ Date _____

THE HUTTON HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM
FACULTY RECOMMENDATION FORM
PROFESSIONAL EXPERIENCE INTERNSHIP GRANT

Letter of recommendation for _____ (student's name)
Semester and year of internship _____

WAIVER

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Student's signature _____ Date _____

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FACULTY RECOMMENDER

Name _____ Title _____

Address _____ Phone _____

_____ E-Mail _____

I wish to support the application of _____ for a Hutton Honors College Professional Experience Internship Grant.

A. How well do you know the applicant; in what capacity; and for what duration of time have you had contact with him/her?

B. Personal and Academic Competence:

1. Intellectual Capacity

2. Maturity, reliability, seriousness of purpose

C. Internship

1. Aptitude of applicant for his/her proposed internship:

2. Significance (contribution of project to academic and/or professional development of applicant):

3. Other comments:

PLEASE USE ANOTHER SHEET FOR ADDITIONAL COMMENTS IF NECESSARY.

Signature_____Date_____