

THE HUTTON HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM
TEACHING INTERNSHIP GRANT APPLICATION FORM

Deadlines:

Fall Semester Grants—5p.m. Friday after Spring Break
Spring Semester Grants—5 p.m. Last Friday in October

For more Information:

www.indiana.edu/-iubhonor

NAME OF APPLICANT _____ I.D.# _____

E-MAIL _____ MAJOR _____ DATE SUBMITTED _____

Semester and Year for which you are applying: Spring _____ Fall _____ Year _____

Return 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 period of grant _____

Principal instructor for internship _____ Course _____

Transfer students: list previous colleges attended _____

Courses Related to Internship:			Other Courses in Major Area:				
Dept.	Course#	Title	Grade	Dept.	Course#	Title	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

1. What semester and year did you take the course in which you wish to intern? Who taught it and what grade did you receive?

3. What is the purpose of this internship'?

4. What activities will you be engaged in to achieve the purposes of your internship? Be as specific as possible. Include preparatory activities.

Applicant's Signature _____ Date _____

THE HUTTON HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM

FACULTY RECOMMENDATION FORM
TEACHING INTERNSHIP GRANT

Letter of recommendation for _____ (student's name)
Semester and Year of proposed 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 faculty recommendation form. This waiver, as well as the faculty recommendation form, should be returned directly to:

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

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FACULTY RECOMMENDER:

Name _____ Dept. _____

Campus Address _____ Phone _____ E-mail _____

I wish to support the application of _____ for a Hutton Honors College Undergraduate Teaching Internship Grant. He/she will intern for me in _____

_____ (course name & number) during the _____ semester of _____ (year). As a student in this course he/she received a grade of _____. Expected enrollment in this course is _____. (If recommender is someone other than proposed supervisor, include a memo from supervisor as to the activities of the proposed internship.)

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

2. What is the purpose of the internship?

3. What will the intern do to achieve the purpose of the internship? What will you do to help the intern achieve his/her goal? What activities are planned? Please be specific.

PLEASE USE ANOTHER SHEET FOR ADDITIONAL COMMENTS IF NECESSARY. For more information about the Hutton Honors College Undergraduate Grant Program go to www.indiana.edu/-iubhonor

Signature _____ Date _____