

Part I. Applicant Information

First Name *

Last Name *

Student ID Number *

E-mail *

ex: myname@example.com

Phone Number *

-

Area Code

Phone Number

School/Temp Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select

Country

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select

Country

Graduation Year *

Current Class Level *

Amount Requesting *

GPA *

Major *

Major

(if double majoring)

Minor

Part II. Internship Information

Do you currently have a summer internship placement secured? *

☒ Yes

☐ No

☐ Other

Internship Site

Name of Organization

Name of Organization

Type of Organization

Hours Per Week

40 hours/week

Length of Internship

10 weeks

Location of Internship

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

List tasks, projects and/or responsibilities of internship:

300 words maximum

Part III. Upload Your Resume

Please upload the resume that you submitted while applying for internships.

Resume *

Choose File No file selected

Please name your file: First Name Last Name - Resume

Part IV. Essay

Prepare and upload an essay (3 page maximum, double spaced) that clearly addresses the following questions:

- How will the successful completion of this internship relate to your future career and/or academic plans?
- How will the award impact your ability to complete your internship?
- What do you hope to learn from this internship experience?
- How do you plan to apply what you will learn from this experience?

*The committee is looking for students who demonstrate initiative and are pursuing experiences that are: unique, life changing, formative and inspiring.

Essay *

Choose File No file selected

Please name your file: First Name Last Name - Essay

Part V. Budget Estimate

Please list the expenses resulting from the internship as well as income attained. Be as specific as possible and upload your document here. Remember to be clear, give a reason for your estimate and do not include: courses, car/bike maintenance or clothing.

Budget *

Choose File No file selected

Please name your file: First Name Last Name - Budget

Part VI. Recommendations

Your application must include at least one faculty recommendation. **Please instruct all recommenders to submit this**

form: <http://form.jotformpro.com/form/50206851855961>

The recomender should be able to assess your personal initiative, motivation and suitability for the internship. **The recommendation is due by the application deadline of April 10, 2015 at 5pm.** Therefore be considerate of your recommender's time and be sure to plan ahead.

Who will be submitting a letter(s) of recommendation on your behalf? *

Part VII. Terms & Conditions

If granted a Stephanie Fowler and Irving Levin Summer Internship Award, the recipient must accept and complete the requirements indicated below. Students who are studying abroad or have extenuating circumstances that limit their ability to meet the requirements below must contact the Career Development Center in order to maintain eligibility.

- Attend a Mandatory Internship Orientation Workshop and follow-up individual internship planning session
- Complete an internship at the site noted on the Fowler & Levin internship award application
- Submit a letter confirming acceptance from an internship site
- Attend a post-internship wrap-up session during the Fall '15 semester with the other recipients to reflect on the experience and suggest the impact this award has had on their academic and career development
- Complete intern evaluation and facilitate completion of supervisor evaluation
- Compose a thank you letter to the donors

Failure to complete the above stated requirements will result in the forfeiture of award funds.

By signing this application you are giving the Career Development Center permission to request academic transcripts from Lewis & Clark on your behalf. It is important to understand that these transcripts will be a part of your application and that refusal to grant such permission will exclude you from consideration.

Your signature on this application is also signifying the following statement:

I hereby certify that I have provided accurate information on this application. I understand that the Fowler & Levin Internship Award Selection Committee, in considering me for this award, will review my transcript and other supporting documents. I hereby authorize and consent to that review.

I agree to the terms and conditions stated above.

- ☐ Yes
☐ No

Signature

Clear

Date/Time

01

Month

-

21

Day

-

2015

Year

at

5


Hour

:

50

Minutes

PM



Submit