

Application for the Nina R. Houghton Internship Fund



WASHINGTON COLLEGE
EST. 1782

Requirements and Guidelines for Grant Applications

Information and Instructions for applications are listed below.

Guidelines:

1. Houghton grants are available to students in any major as well as undeclared students.
2. Houghton funds must be dedicated to costs incurred during an internship experience, and are eligible for either academic credit or non-credit internship experiences. Those costs may include: transportation to the internship site, food, housing and other related expenses. Funds may not be used to supplant income lost from a part-time job due to participation in an internship.
3. Internship fund requests submitted for approval will be reviewed and approved by the Houghton Fund Review Panel. Panel members are Ms. Vicky Sawyer, Associate Director of the Career Center, and Dr. Andrea Lange, Assistant Dean of Academic Initiatives.

Requirements:

1. Applicants must be currently enrolled students in good academic standing at Washington College and rising sophomores, juniors or seniors. Recently graduated students are not eligible to apply.
2. Applicants must have a cumulative GPA of at least 2.5.
3. Applicants must have secured an internship prior to making application to the Houghton Fund.
4. All applications must include the signature of the applicant. In the case of an academic internship, the application must also be signed by the student's faculty internship supervisor or the academic advisor.
5. Applicants must complete the application form by typing the required information in the writable PDF and submitting it to the office of the Assistant Dean, Dr. Lange, by the deadlines outlined for each term.
6. Deadlines are: Fall – September 1, Spring – January 30, Summer – April 15.

Application Checklist:

1. Complete and sign the application form.
2. If you plan to obtain academic credit, make sure that you have submitted a completed **Internship Proposal Form** to Dr. Lange prior to submitting your application for the Houghton Fund.
3. Obtain the signature of your advisor or faculty internship supervisor on the application form if you will receive academic credit.
4. Add a justification for your budget request.

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Contact Information

Date of Application	
Name	
Post Box No.	
Campus Address	
Campus Phone	
E-Mail Address	

Academic Information

Class (indicate SO, JR, SR)	
Major(s) and Minor(s)	
Academic Advisor	
Expected Date of Graduation	
Cumulative GPA	

Internship Information

Title of Internship	
Internship Location	
Internship Supervisor's Name (if known)	
Total Amount Requested	
Start and End Dates of Project	

Houghton Fund ONLY

Approval Status	
Amount Allocated	
Comments	
Approval Signatures	Vicky G. Sawyer, Career Center Andrea Lange, Assistant Dean

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Internship Description

Section 1: Give a short description of your internship. What are the responsibilities, and what specific learning goals do you have for this experience? How will this internship expand your knowledge and experience or affirm/disaffirm your interests in your targeted field of study?

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Section 2: Have you applied, or do you plan to apply, for funds from other sources (from relatives, foundations, scholarships, other grants, etc.)? Please specify sources and amounts.

Section 3: Who is supervising your internship on site? Give the name and contact information of your supervisor on site.

Section 4: How does this internship confirm or expand your education in the liberal arts?

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Budget

On a separate sheet please **explain and justify each line** of your budget. Under "other" please include one-time and long-term expenses that are not in the other categories.

1. Travel – please describe (specify public, airline, personal vehicle)	
2. Board (\$12 per diem) and Lodging (specify)	
3. Ground Transportation (use \$0.51 per mile for personal vehicle)	
4. Fees (registration, other fees)	
5. Other (justify)	
Total	

Faculty Endorsement

I am familiar with this internship and to the best of my knowledge this student applicant will benefit from this applied experience.

Name (printed)	
Signature	
Date	

Student Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I receive a grant I am obliged to make both an oral report to the members of the Washington College campus at Fall Family Weekend or other appropriate date, and submit a completed reporting form to the Dean's Office. The latter must include an accounting of how all the grant monies were spent along with receipts. I understand that I am responsible for paying any applicable taxes on the grant received. If for any reason I cannot fulfill the terms of this project I will fully refund the entire grant amount that I receive.

Name (printed)	
Signature	
Date	

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