

# Internship Funding Application

Revised January 2021

Congratulations on securing an internship! Your application, including these responses, will help us to determine how to allocate funding to support students who take on unpaid or low-paying internships. Please note, most internship funds are managed by the Career Center, with the exception of the Social Justice Community Partners (managed by the Chaplain's office).

Applications will be reviewed and processed on a rolling basis during the academic year. You **MUST** have secured the internship before your funding application can be considered. If you do not know the details of your internship, please wait until you have more information and then complete the application.

### \*\*\* DIRECTIONS AND HELPFUL HINTS \*\*\*

- \* This application may take up to 90 minutes to complete.
- \* If you hit the "back" button, you will be redirected to the beginning of the form and you will have to re-enter your information.
- \* Please allow ample time to review and revise your answers for clarity and accuracy.
- \* Before you begin this online application, you should have your answers drafted in the Application worksheet so that you may easily cut and paste your responses into this form.
- \* Have all your supplemental application materials saved as a .pdf in a convenient place and ready to upload.
- \* Use the scoring rubric to determine if you have addressed the key assessment criteria.

### SUPPLEMENTAL APPLICATION MATERIALS (to upload with the application)

- (1) Signed Host Confirmation Form
- (2) Budget Form
- (3) Resume
- (4) Essay about the internship

### ESSAY PROMPTS:

- (1) Please tell us about your internship organization and what you expect to be doing in your internship (including daily tasks and/or long-term projects).
- (2) What motivated and/or inspired you to do this internship?
- (3) What skills do you hope to learn?
- (4) How does this internship relate to your academic pursuits, interests, and/or post-Carleton plans?

Note: For essays, character count maximums apply. For reference, the average word is 7 characters. (1,000 character count = 143 words)

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### \* Required

1. Email \*

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2. Please select the time frame of your internship you are applying to. \*

*Mark only one oval.*

- Summer: My application will support my summer Internship.
- Academic leave of absence: My application will support my non-summer internship during a leave of absence.

### About You, The Applicant

3. Please enter your student ID number \*

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4. What is your first name? \*

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5. What is your last name? \*

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6. What is your class year? \*

*Mark only one oval.*

- 2025
- 2024
- 2023
- 2022
- 2021 (Academic Year & Social Justice Internships only)

7. What is your major? (type "undeclared," if relevant) \*

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8. What minor(s) have you declared, if any? (type "none," if relevant) \*

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9. Are you presently studying at Carleton on an F-1 visa? \*

*Mark only one oval.*

- Yes
- No

10. Will you be participating in an Off-Campus Study program before or after the experience? \*

*Check all that apply.*

- Yes, before
- Yes, after
- Maybe
- No

11. Have you previously received Carleton funding for an internship and/or externship? If so, please describe the program and funding received. (type "N/A," if none) \*

Maximum Length = 1,000 characters

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### About Your Emergency Contact

If we need to contact someone quickly on your behalf during your internship, please provide emergency contact information.

12. What is the name of the person who will be your emergency contact? \*

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13. What is your emergency contact's relationship to you? \*

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14. What is your emergency contact's email address? \*

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15. What is the best number to use to reach your emergency contact by phone ? \*

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16. Is there anything else we should know about your emergency contact?

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### About The Organization For Which You Will Be Interning

17. What is the name of the organization? \*

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18. What type of organization is it? Check all that apply. \*

*Check all that apply.*

- For-profit
- Non-profit
- Government (including local, state, federal, and international/multi-lateral)
- Start-up
- Unsure

19. In which industry or category is your internship? Check all that apply. \*

*Check all that apply.*

- Arts/Museums
- Business/Finance/Sales
- Communications/Media
- Information Systems/Technology/Library
- Education (Pre K-12)
- Education (Higher Education)
- Engineering
- Environment/Agriculture
- Government/Public Service
- Healthcare
- International Development
- Legal/Law
- Public Policy/NGO
- Science/Research
- Social Entrepreneurship
- Social Justice
- Social Service - Advocacy

20. What is the physical mailing address of the organization? \*

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21. In what city is the organization located? \*

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22. In what state or country is the organization located? \*

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About Your  
Internship  
Position

Note: You must complete at least 240 hours over at least six weeks to have the experience classify as an internship eligible for Carleton funding, with the exception of CCCE-affiliated positions.

23. How will your internship be structured? \*

Mark only one oval.

- Fully Virtual/Remote (I will conduct my internship away from the internship site.)
- In-Person/On-Site (I will be conducting my internship at the internship site/host organization.)
- Hybrid/Both (I will sometimes be virtual/remote and sometimes in-person)
- I do not have this information yet.

24. What is the title of your internship position? \*

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25. What is the expected start date of your internship? \*

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*Example: January 7, 2019*

26. What is the expected end date of your internship? \*

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*Example: January 7, 2019*

27. What is the TOTAL number of hours you anticipate spending at your internship? (hint: multiply number of hours per week by number of weeks you will be there) \*

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28. What will be your duties/responsibilities for this internship? \*

You can copy and paste your job description here. Otherwise, share details about your daily tasks or activities while at the organization.

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About Your  
Internship  
Supervisor

Note: If you do not yet know the name of your internship supervisor, please use the name of your point of contact at the organization that has agreed to have you intern there.

29. What is your supervisor's salutation? \*

*Mark only one oval.*

Dr.

Mrs.

Ms.

Mr.

Other

30. What is your supervisor's first name? \*

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31. What is your supervisor's last name? \*

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32. What is the title of your supervisor? \*

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33. What is your supervisor's email address? \*

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34. What is your supervisor's phone number? \*

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#### Affiliation/Connection

35. Is your supervisor an alumnus or parent of a Carl? \*

*Mark only one oval.*

Yes

No

Not Sure

36. If yes, what is the name of the parent or alumnus?

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Your  
Proposed  
Budget

Please refer to your budget worksheet to complete this information. (You will also be submitting your budget worksheet.)

Note: Carleton's Internship funding is designed to assist with the costs associated with undertaking an internship. Please provide realistic estimates. If you are living at home, our assumption is that you will not be paying rent.

For summer internships, your total request may not exceed \$5,200.

For a non-summer internship, the maximum funding amount is \$2,000, and no additional funding beyond expenses will be allowed (i.e. ineligible for a savings goal).

37. What is the dollar amount of your total expenses from Section A? (enter the figure from Section A on the proposed budget sheet) \*

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38. What is the dollar amount of your savings goal from Section B? (if eligible, enter the figure from Section B on the proposed budget sheet) (type "N/A," if not eligible) \*

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39. What is the dollar amount of your financial resources from Section C? (enter the figure from Cell C on the proposed budget sheet) \*

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40. What is the dollar amount of the total amount of funding you are requesting from Section D? (enter the figure from Cell D on the proposed budget sheet) \*

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41. Will you be living at home (with family or loved ones) during your internship? \*

*Mark only one oval.*

Yes

No

Maybe

42. Please provide any additional information that would be helpful for the committee to know about your request. It is very helpful for us to learn more about why you need this funding. Please provide us with any additional information about your situation that will make your funding request clear. \*

Maximum length = 1,000 characters

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Internship  
Affiliation

Please complete this section if your internship is affiliated with Carleton such as Social Justice Internships (through the Chaplain's office) and/or part of a special program.

43. Social Justice Community Partner Internships provide students with experience in a variety of social change organizations that have a record of offering meaningful internships. The internships allow students to explore a field as a possible career, live out their personal commitments, meld their academic study with civic engagement, and make a difference in the world. Maximum length = 2,000 characters

This is a two-part question: (1) Please share how the work of the organization and/or the work of the internship fits with your academic pursuits and/or your vocation or career goals. (2) Please tell us why you are interested in this internship and, if relevant, what experience you may have had related to the issue or work of the organization.

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44. MCAN Fellow: The Multicultural Alumni Network established a fund to support students of color in the pursuit of internships and experiential learning. Please share what involvement you've had within the multicultural community at Carleton and how you hope to bring back and share your learning experiences within the Multicultural Alumni Network (MCAN) Community (students and alumni).

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Forms Upload (PDF Only)

All forms MUST be upload as ".pdf" with your name and item description. Follow the example below:  
- [Your last name] Host Confirmation Form  
- [Your last name] Proposed Budget  
- [Your last name] Resume  
- [Your last name] Essay Response  
- [Your last name] Global Edge Budget Form (Required for Global Edge Program Internships)

45. 1. Host Confirmation Form \*

Files submitted:

46. 2. Proposed Budget Worksheet \*

Files submitted:

47. 3. Your Resume \*

Files submitted:



48. 4. Your Essay Response \*

Please upload your essay responding to the essay prompts (below) about you and your internship (.pdf) Can be up to 2 pages long, single-spaced; 1-inch margins. Please add your name to the top of both pages. (1) Please tell us about your internship organization and what you expect to be doing in your internship (including daily tasks and/or long-term projects). (2) What motivated and/or inspired you to do this internship? (3) What skills do you hope to learn? (4) How does this internship relate to your academic pursuits, interests, and/or post-Carleton plans?

Files submitted:

Expectations and Authorizations

49. If selected for funding, I agree to participate in the following Career Center activities, including but not limited to; establishing a learning contract with the Career Center before the internship; contributing to a weekly guided reflection blog (at least 10 posts) during the internship; and, writing a reflection essay, designing a reflection poster, and participating in a reflection poster session in the fall or winter (circumstances permitting). Recipients of Chaplain's Office funding may be asked to participate in additional activities. NOTE: Students who do not fulfill their participation obligations will be charged up to \$500 in the term following the internship. \*

Mark only one oval.

- Yes, I agree  
 NO

50. I give the Career Center my consent to conduct a check of financial need with the Office of Student Financial Services to determine my level of need (and eligibility for certain types of funding). \*

Mark only one oval.

- Yes, I agree  
 NO

51. I give the Career Center my consent to conduct a reference/background check related to academics and conduct with the Carleton College Office of the Dean of Students. I understand that any derogatory information found will be used in the selection process, and could adversely affect my application. \*

Mark only one oval.

- Yes, I agree  
 NO

52. I give the Career Center my consent to share excerpts from the application and reflection documents with the selection committee, donor(s), Stewardship, Career Center staff, and Career Center publications. \*

Mark only one oval.

- Yes, I agree  
 NO

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Acknowledge that you have read and understood by checking the boxes on the following statements below;

53. Assumption of Risk: I understand and acknowledge the physical and mental rigors associated with the Program and that accidents and injuries commonly happen in the course of activities, often without fault on the part of the participants or the Program Organizers. I understand this list is not exhaustive; common risks include: Travel to and from home and Program location, overnight stay, lab accidents, food poisoning, theft, car accident, plane accident, tripping, slipping, falling, drowning, disease-related sicknesses, etc. Such accidents may cause damage to or loss of personal property, physical injury or even death. By electing to participate in the Program, I understand that I am accepting the risk of accidents and injuries that might arise out of my participation. I understand that these risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Program, or the acts, inaction or negligence of the Released Parties defined below, and I voluntarily assume any and all risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Program. \*

*Mark only one oval.*

Yes

No

54. Insurance Coverage: I understand that Carleton does not undertake to provide health, accident, disability, hospitalization, personal property, or other insurance to participants in the Program, except in the case of internships conducted outside the U.S. I affirm that I have appropriate medical insurance in the event that medical attention is needed for me by reason of my participation in the Program. \*

*Mark only one oval.*

Yes

No

55. Waiver of Liability: In consideration of being permitted to participate in the Program, I hereby release, discharge and agree to hold harmless Carleton (including but not limited to the Program Organizers), Carleton's trustees, officers, faculty members, employees, agents, advisors or any one or more of them, or their executors, administrators, heirs or assigns (the "Released Parties") from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, on account of injuries to my person or property caused in whole or in part by the active or passive negligence of the Released Parties, arising out of or in connection with my participation. I intend for this release and indemnity agreement to protect the Released Parties from any and all claims, demands, damages, costs, expenses, actions and causes of action, present or future, of my executors, personal representatives, heirs and assigns, or any other person or entity, on account of injuries to my person or property, including injuries resulting in my death. I also recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that I might sustain due to the intentional or negligent acts or omissions of any other person participating in the Program. \*

*Mark only one oval.*

Yes

No

56. Indemnification and Hold Harmless: In further consideration of my being permitted to participate in the Program, I, for myself and for my executors, personal representatives, heirs and assigns, hereby assume full responsibility for the risks, foreseen or unforeseen, of property damage, injuries, or death to myself or to others arising out of my participation. I agree to indemnify and hold harmless the Released Parties from all claims, demands, damages, costs, expenses, actions and causes of action, present or future, including but not limited to costs of medical treatment and reasonable attorneys' fees, that may accrue to any person or entity as a result of any property damage, injuries, or death, caused by me or arising out of my participation in the Program. \*

*Mark only one oval.*

- Yes  
 No

57. Severability: I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. \*

*Mark only one oval.*

- Yes  
 No

58. Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to bring a legal action or assert a claim against Carleton. I acknowledge that by signing below, I am signing the agreement freely and voluntarily and affecting a complete and unconditional release of all liability to the greatest extent allowed by law. \*

*Mark only one oval.*

- Yes  
 No

Funding Acknowledgement Form: Tax  
Treatment of Payment

Acknowledge that you have read and understood by checking the boxes on the following statements below;

59. In partnership with Carleton's Business Office, we consider it our responsibility and in your best interest to explain to you the general treatment of these awards for tax purposes. With the internship funding you are receiving, you are the recipient of a scholarship, fellowship, or grant through Carleton College that is not associated with the regular curriculum or obtaining your degree. Generally, a scholarship, fellowship or grant is excluded from your income for tax purposes to the extent you use the funds for tuition, fees, books, and equipment required for classes or enrollment. However, any portion of the funds you spend on incidental expenses, including room and board, travel, research or medical insurance could be included in your taxable income for the year. You should make the determination regarding whether a given scholarship, fellowship or grant is taxable based upon the individual facts for all funds received. To the extent that you determine that a portion or all of the funds are not subject to tax, you should retain receipts, canceled checks, and other documents that demonstrate your qualifying expenses. We recommend that you retain this letter for your tax records. The College will not withhold any amount towards payment of federal, state or local income taxes and will not send a Form 1099 or Form W-2 to you. If your award is subject to tax, it is your responsibility to report the payment in the year received on your federal, state or local income tax return and pay all applicable taxes. Please refer to IRS Publication 970, "Tax Benefits for Education" for more information. Fellows who are nonresidents for U.S. tax purposes are required to report the fellowship as income in the year the fellowship is received. The College may withhold a 14% federal income tax that reduces the amount of your payment and will be issuing tax form 1042-S. If you are eligible for tax treaty benefits, there will be no federal tax withholding and form 1042-S will be issued noting the exemption. It is your responsibility to report the payment on your annual tax returns; both Federal and State, and pay any additional taxes, if applicable. Please contact Shari Mayer [smayer@carleton.edu](mailto:smayer@carleton.edu) if you have any questions. Please note that this form is intended to introduce you to the possible consequences of a gift, prize, or award. Since individual tax liability depends on each individual's circumstances, you should contact your personal tax advisor with any questions or concerns. \*

Mark only one oval.

- Yes  
 No

#### Acknowledgment of Responsibilities

Acknowledge that you have read and understood by checking the boxes on the following statements below;

60. I understand that I am required to complete pre-and post-internship surveys, and participate in reflection activities throughout the duration of the internship. \*

Mark only one oval.

- Yes  
 No

61. I also understand that funding is being provided for the internship location approved in my application and understand that if I change any aspect of my internship without prior approval from the Career Center, I may have to return some or all of the funding. \*

Mark only one oval.

- Yes  
 No

62. I understand that failure to complete the required items and on-compliance with any of the above-listed responsibilities will jeopardize my eligibility for future Career Center programs. \*

*Mark only one oval.*

Yes

No

### Final Step

63. Are you ready to submit your application for review? \*

Please note that if you select "No", you will be redirected to Section 1 of this application. If you are not ready to submit, you can always exit this form and come back to it at a later date. If you are ready to submit your application please select "Yes". If your response to the question is not in the affirmative (Yes) by the deadline, your application will not be processed for review.

*Mark only one oval.*

Yes

No

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