

THE LAMBDA ALUMNI INTERNSHIP PROGRAM

APPLICATION/FUNDING FORM

--Attach your proposal and other required materials

Deadline: Monday, March 19, 2012

Name _____ School & Class Year _____

Campus Phone _____ E-Mail Address _____

BRIEF SUMMARY OF INTERNSHIP/PROJECT FOR WHICH YOU ARE SEEK FUNDING:

WHOM HAVE YOU CONSULTED ABOUT YOUR PROPOSAL? Be specific. (professor, sponsor)

LOCATION OF PROJECT/INTERNSHIP

LENGTH OF PROJECT/INTERNSHIP

Beginning Date: _____

End Date: _____

ARE YOU APPLYING FOR ANY OTHER FUNDING FOR THIS OR ANOTHER PROJECT?

___Yes ___No If so, how much? _____

If yes, from where: _____ the agency
_____ other HC/BMC College funding sources (specify): _____
(i.e. Smart Family, CPGC, academic dept.)
_____ other sources (specify): _____

Have you already received funding from another source? _____ Yes _____ No

From what source/fund? _____ How much? _____

Are you receiving Financial Aid from the College? _____ Yes _____ No

FINANCIAL AMOUNT BREAKDOWN - Be specific: breakdown the costs in detail.

anticipated expenses associated with the project _____

transportation expenses _____

living expenses _____

Other - Please specify _____

TOTAL AMOUNT \$ _____

****IF THE TOTAL AMOUNT NEEDED IS GREATER THAN THE AMOUNT OF THIS GRANT, HOW AND WHERE WILL YOU GET THE ADDITIONAL FUNDS?** _____
