

**THE LAMBDA ALUMNI INTERNSHIP PROGRAM**

**APPLICATION/FUNDING FORM**

--Attach your proposal and other required materials

Deadline: March 21, 2008

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. Kessinger Fund, Rosenfeld Fund, 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?** \_\_\_\_\_

\_\_\_\_\_