

**Internship Stipend Application *Spring 2016***

***Due Noon November 12, 2015***

**Program and Award Overview:**

**The Miller Center Internship stipends are for $1,000 during the academic year or $2,000 during the summer months. Their purpose is to support students:**

* **Doing internships with non-profit agencies or faith communities,**
* **Motivated by a desire to explore their vocation as it relates to serving those in need of fundamental material or social goods, and/or**
* **Demonstrating a desire to explore a potential call to lay or professional ministry.**

**Miller Center internships are coordinated through the Office of Career Discovery and Internships but have distinctive requirements:**

* **In addition to meeting the requirements of an official College Internship, Miller Center interns participate in three workshops led by the Miller Center staff;**
* **Miller Center interns are appointed a faculty sponsor prepared to help them use the internship to explore questions of value, faith, meaning and vocation in its broadest and deepest sense.**

**Miller Center internships are pre-approved for either PL or SW Odyssey credit.**

**How do I start? How do I apply?**

1. Come by and talk with Dr. Falls-Corbitt (SLTC Miller Center) about where you want to do an internship. Dr. Falls-Corbitt will provide you with a Career Services Internship Packet at that time.
2. Make sure the internship site is going to work out. You’ll do 120 hours for the internship. Meet with your proposed site supervisor to complete the “Internship Site Learning Agreement” in the internship proposal packet from Career Services (p. 3).
3. **Complete the attached Miller Center stipend application** (essays, résumé, and waiver form); attach a copy of the “Internship Site Learning Agreement,” **and submit to the Miller Center office no later than noon on November 12, 2015.**
4. Make sure your two recommenders also submit their forms or letters by the due date.
5. Wait to hear back from the Miller Center by December 4.
6. If accepted, know that the Career Services Internship Packet must be fully completed and on file with Leigh Lassiter-Counts before the Spring Semester internship deadline (January 29, 2016).

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**Internship Stipend Application *Spring 2016***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_

Campus Box Number: \_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic class at time of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_

Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of weeks: \_\_\_\_\_\_\_\_\_\_ Expected hours per week \_\_\_\_\_\_\_

Type of internship: Ministry Based\_\_\_\_\_ Non-Profit\_\_\_\_\_

Will this internship be used to fulfill a requirement in your major? \_\_\_\_\_\_

If yes, which major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a paid internship? \_\_\_\_Yes \_\_\_\_No

Is the stipend needed for you to participate? \_\_\_\_Yes \_\_\_No

Are you applying to other offices, on or off campus, for financial support of this internship? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To complete the application submit items A – E below.***

**Required Application Materials (A –D to be attached to above information form and submitted by student):**

**(A) Two brief essays answering the following questions:**

1. What will you be doing on-site for this internship?

2. What talents, career options, passions, values or faith commitments do you wish to explore while doing this internship?

**(B)** Completed “Internship Site Learning Agreement” from Career Services Internship Packet

**(C)** Signed Confidential Waiver Form (see attached)

**(D)** Résumé of past volunteer experiences with non-profit agencies and/or faith communities since high school

**(E)** TWO (2) Letters of Recommendation (forms attached): one Hendrix faculty or staff member and one other, *not a student or family member*. *It is your responsibility to request these letters and to follow-up with your recommenders regarding their submissions to the Miller Center Office*

**Applications are due by noon on Thursday, November 12, 2015.**

*You will be contacted no later than December 4, 2015 concerning the status of your application.*



**Confidential Waiver**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** hereby release any academic and/or disciplinary records to the Miller Center staff to be reviewed by the Miller Center Internship Stipend committee.

**Applicant’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_­­

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Miller Center Internship Recommendation Form**

*(Due to the Miller Center Office, Hendrix College, November 12, 2015 by noon; address found below)*

***TO BE COMPLETED BY THE STUDENT:***

**Recommendation Letter for \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (Student)

**Proposed Internship Site** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendation Waiver**

In accordance with the Family Education Rights and Privacy Act of 1974, materials in students’ files are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby: \_\_\_\_\_\_ waive my right to access \_\_\_\_\_\_ retain my right to access

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Date**

***TO BE COMPLETED BY THE RECOMMENDER:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To the recommender: The above named student is applying for an Internship Stipend through the Miller Center. Please provide your candid assessment of this student by answering the questions below. A separate sheet may be used.*

1. How long and in what capacity have you known this individual?
2. Have you found this student to be responsible, dependable, honest and cooperative? Please explain.
3. Has the student discussed his/her goals for this internship with you, and to what extent do you believe this student is capable of fulfilling these goals?
4. Miller Center interns are expected to use their internship experience to explore their personal values, social ideals and, if applicable, their faith commitments as well as their gifts and talents for benefiting and leading others. How prepared is this student to engage in this type of reflection about his or her work experience?
5. Would you recommend this individual for a Miller Center Internship *(circle one)*:

Yes, without reservation Yes, but with reservation No, not at all

1. Comments:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Please return to the Miller Center for Vocation, Ethics, and Calling, SLTC 133, Hendrix College, 1600 Washington Ave, Conway, AR 72032. May be emailed to** [**burris@hendrix.edu**](mailto:burris@hendrix.edu)**.**

***Due Noon November 12, 2015***

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**Applicant’s signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Date**

***TO BE COMPLETED BY THE RECOMMENDER:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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