



Application for Dimensions Funding for Support of an Internship or Independent Study Project

Name of Student Applicant: _____

Name of Faculty Sponsor: _____
(Note: Your Faculty Sponsor Must Submit a Letter of Recommendation)

Dates and Block(s) of Internship/Independent Study Project: _____

Name of Internship Site and/or Organization Providing Placement Services:

Background information for the site and, if applicable, the Placement Organization:

City, State and Country of Internship or Independent Study Site: _____

Student's Hometown: _____

Where will you be living during the internship/independent study project? _____

Will you receive funding support from other sources or be paid for your work? ____ Yes ____ No
(Note: You are ineligible for Dimensions funding if you are receiving other funding support and/or are being paid by the site.)

What experience/qualifications do you bring to this internship?

What is your motivation for applying for this internship?

If your internship involves providing supervised medical care (unsupervised is NOT allowed), what specific care will you be performing?

Dimensions funding can only be utilized to defray expenses. Please itemize your anticipated expenses.

Revised 6/2015