

Submit SIX completed double-sided copies to Elizabeth Ciner, Director of Student Fellowships, Laird 132, by 5:00 PM Friday, February 10, 2012. Also email a copy to Karen Moldenhauer (kmoldenh@carleton.edu).

Carleton College
JUNIOR FELLOWSHIPS APPLICATION

STUDENT NAME: [If joint proposal, check here and list other student(s) names: <input type="checkbox"/> _____ (Each student must submit their own application and letters of recommendation)	CLASS YEAR Student ID #: (from Hub) GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
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MAJOR:

FELLOWSHIP(S) YOU ARE APPLYING FOR (CHECK AS MANY AS APPLY)

EXPERIENTIAL:	RESEARCH:
<input type="checkbox"/> Larson International	<input type="checkbox"/> Class of 1963
<input type="checkbox"/> Allen and Irene Salisbury **	<input type="checkbox"/> Independent Research
<input type="checkbox"/> Richard Salisbury **	<input type="checkbox"/> Paul and Lynn Kelley
	<input type="checkbox"/> Allen and Irene Salisbury **
	<input type="checkbox"/> Richard Salisbury **

** Denotes fellowships that can be either Experiential or Research

Students may apply for and be awarded more than one fellowship, but can accept only one.

Submit SIX copies of your application, even if you apply for more than one fellowship.

PROPOSAL TITLE:

Proposed Dates of Project: _____ **Number of weeks:** _____

DESCRIBE YOUR RESEARCH OR PROJECT IN ONE PARAGRAPH (no more than 100 words)

NAMES OF TWO RECOMMENDERS (include address if not Carleton faculty)

- 1.
- 2.

INSTITUTIONAL RESEARCH BOARD APPROVAL (for research involving human subjects, all students **must** submit application form electronically. If selected for a fellowship, IRB applications will then be considered for approval. Follow this link:

https://apps.carleton.edu/governance/institutional_review_board/

Submitted Not Necessary

DESCRIBE YOUR RESEARCH OR PROJECT (no more than 650 words)

WHAT OUTCOMES DO YOU EXPECT TO ACHIEVE? (no more than 100 words)

WRITE A BRIEF PLAN OF IMPLEMENTATION AND/OR SCHEDULE OF ACTIVITIES. IF TRAVELING, INCLUDE COUNTRIES AND APPROXIMATE DURATION OF STAY.

WRITE A BRIEF STATEMENT EXPLORING THE RELATIONSHIP OF THE RESEARCH OR PROJECT TO YOUR EDUCATIONAL GOALS AND YOUR QUALIFICATIONS FOR UNDERTAKING THIS WORK (no more than 250 words)

BUDGET

Transportation to and from site -----\$ _____

Transportation at site -----\$ _____

Lodging (per week x _____ number of weeks)-----\$ _____

Food (per week x _____ number of weeks)-----\$ _____

Passport, ID-----\$ _____

Supplies (film, tapes, gifts, etc.) -----\$ _____

Fees (program fees, admission fees, etc.)-----\$ _____

Lost Wages (up to \$1,000 may be claimed)-----\$ _____

Other expenses (note: Carleton will not purchase camera, CD players, etc.):

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

TOTAL -----\$ _____

Health insurance if supplemental insurance is required by your insurer -----\$ _____

TOTAL BUDGET \$ _____

For Larson and Salisbury Fellowships, include the above plus:

DESCRIBE YOUR PREVIOUS EXPERIENCE ABROAD (IF ANY)

DESCRIBE HOW YOU PLAN TO “BRING BACK” SOMETHING OF YOUR EXPERIENCE TO THE CARLETON COMMUNITY

PROPOSED DATE OF YOUR PRESENTATION:

WHAT RESOURCES WILL YOU NEED TO HELP WITH YOUR PRESENTATION?

For Larson Fellowships, include all of the above plus:

LIST YOUR EXTRA-CURRICULAR ACTIVITIES:

For all KELLEY Fellowships. Or to have your financial need considered:

Student's Full name: : _____

Student's 7-digit ID #: _____ (from The Hub)

Student Signature _____ Date _____

FINANCIAL AID ELIGIBILITY

If you would like your financial need to be considered in evaluating your application, please have the information below completed by the director/assistant director of Student Financial Services, Henry House 201.

This student's demonstrated financial need is \$_____

Type of Aid	Amount	Accepted
Carleton Grant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Need Based Loans		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant		<input type="checkbox"/> Yes <input type="checkbox"/> No
State Grant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Outside Aid (scholarships)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Study		<input type="checkbox"/> Yes <input type="checkbox"/> No

SFS Signature _____ Date _____

For ALL Fellowships:

PERMISSION TO SHARE PROPOSAL

As many of you know from personal experience, we have made samples of successful fellowship proposals available to students interested in applying for future fellowships. If chosen, are you willing to make your proposal (which will be stripped of all financial aid information) available for this purpose? Yes No

We would also like permission to showcase winning proposals on our website. Please check here if you're willing to have your name, photograph, and information about your proposal made public. Yes No

Name (please print) _____ Date _____

Student Signature _____ Date _____