

Robert and Yvonne Koob Fund for Student Community Engagement Application

STUDENT INSTRUCTIONS: Please work with the host organization to complete the form and questions.

- Submit to Koob Fund, c/o Julianne Gassman, Wellness and Recreation Center 203, Cedar Falls, IA 50614-0241.
- Submissions can be electronically.

1. Intern Information

Name:

Mailing Address:

Primary Phone:

E-mail:

Student number:

Classification:

Major:

Minor/Certificate:

G.P.A.(cumulative):

Academic Advisor:

- **Please attach a transcript or current copy of your degree audit**
- **Please provide a list of professional and volunteer experiences. Please indicate which experiences were volunteer and which were paid.**

2. Organization information

Organization Name:

Supervisor name and title:

Mailing Address:

Phone:

E-mail:

What is the mission of the host organization?

- Is this organization a 501(c)3 charitable nonprofit? Yes No
- Is this organization a local, county, state or federal agency? Yes No
- Does the organization assist candidates who are running for elected office? Yes No
 - Will the intern? Yes No
- Does the organization engage in religious education or proselytizing? Yes No
 - Will the intern? Yes No

3. Internship Information

- Semester(s) of Internship Fall 20__ Spring 20__ Summer 20__
- How much financial support will the organization provide? _____
- How much financial support is the student requesting from the Koob Fund? _____
- Will the intern get academic credit or do a transcript notation with Career Services _____
- If getting credit, what is the course number for the credit? _____ # of credits _____
- How many hours a week will the intern provide service to the organization? ____ How many weeks? ____
- Have you been funded by the Koob Fund previously? _____ When? _____

By signing this agreement, you agree that the information contained in this document is true to the best of your ability. Signing this affirms that the committee may contact you, your academic advisor, or your intern site for more information.

Student's signature: Date

Acad. Advisor's signature: Date

Intern Supervisor's signature: Date

Application Questions: Only two pages for this section will be permitted.

*If you are applying for a subsequent semester of funding please describe accomplishments of your first term.

Overview: (To be completed by the student and reviewed by the organization)

1. Describe a **significant project** that you will undertake that will benefit you, the organization and the community.

2. Describe any additional responsibilities (other than your project).

Student benefits: (To be completed by the student and reviewed by the organization)

1. What are your professional and civic goals? How will this internship, **particularly your project**, help you meet these goals and broaden your experience?

2. What skills, knowledge, and connections will the student gain, **particularly through the intern's project**?

