

MAURICE R. ROBINSON INTERNSHIP FUND for REMOTE & LOCAL INTERNSHPS

Through the generosity of Maurice R. Robinson '19, founder of Scholastic Inc., an endowment fund was erected in 1975 to support “student internships in educational publishing”. This fund evolved out of Mr. Robinson's interest "in seeing more talented young people enter the field of preparing effective ‘materials of instruction’.” Over the years the Maurice R. Robinson Fund has evolved; today it supports:

- 1) Students who wish to test out their career interests in educational media such as magazines, books, museums, and dramatizations for stage, TV or film, **addressed to the age group of 5 to 17.**
- 2) Any independent service project that **directly** benefits children, especially children at risk and children from inner cities. Training teachers who work with children is also fundable.

Selection of Robinson interns is based on: An understanding of impact of educational media; clear goals of the internship; long-range career interest; a realistic and clear proposal; the number of applicants; and the amount remaining in the Fund.

Eligibility: Students must have secured a non-paying domestic internship directly from an employer **before** submitting this application. *For those seeking financial support for an independent project, a professional/mentor willing to oversee the project must be identified.* This stipend is open to all **undergraduate** Dartmouth students. All applicants must be enrolled at least one term after the term of the internship. Recipients of this grant are limited to one award during their undergraduate attendance at Dartmouth. *All awards are considered taxable income.*

Due to COVID-19 related travel restrictions, only applications for remote or local (hometown) opportunities will be considered and funded.

Email the following materials to Ashley.Arsenal@Dartmouth.edu by 9 AM EST on October 22.

1. Application Form and Proposal (a description of the tasks/responsibilities of your experience)
2. A copy of your Resume
3. Documentation of proof of your experience (email from supervisor, letter from organization, etc.)
4. Any other supporting materials

PART 1: SELF APPLICATION

Name: _____ Student ID: _____

Major: _____ Class: _____ HB: _____ Term of Experience: _____

Home Address & Telephone: _____

Employer Name & Address: _____

Supervisor's Name & Title: _____ Telephone: _____

PART 2: THE PROPOSAL

Describe objectives for this experience as they relate to your personal/career goals. Outline the activities, skills, and academic interests that provide background for the project, and ways in which your experience might tie in with your future career plans. A description of your anticipated duties and the supervising arrangement (possibly in a remote setting) should also be included. Supplementary descriptive material from the employer is welcomed. (1-3 pages)

PART 3: OTHER INFORMATION

Are you applying to other sources/grants?

Yes No

Please indicate Fund source:

Will you be enrolled and taking classes while taking this experience?

Yes No

Are you eligible for work study funding?

Yes No

Are you living at home during your experience?

Yes No

If you did not receive funding would you still be able to make this opportunity possible?

Yes No

optional What other information about your situation would you like to share confidentially with the selection committee?

PART 4: ACKNOWLEDGEMENT

Failure to respond to award email and return proper documentation and agreements in a timely manner may result in the loss of funding.

I _____ acknowledge the guidelines of the SELF Fund for remote and local opportunities and certify that all the information provided is accurate.

Signature

Date

Term of Internship

CPD Funding Release and Requirements 2020-2021

IMPORTANT: This is a legally binding document. By signing this document, you are waiving certain rights, including the right to bring a lawsuit if you suffer an injury or loss while participating in this activity. Please read this document carefully.

I understand that this funding is administered by the Center for Professional Development (CPD) and/or the Dartmouth Center for the Advancement of Learning (DCAL). The funds allocated to me are to support the activities proposed in my submitted application for funding.

Funding Release:

1. If my experiential learning activities take place in locations or at facilities not controlled by Dartmouth, I acknowledge that Dartmouth College has not made an investigation of the safety of those locations or at those facilities, and that Dartmouth is not responsible for the events that occur within those locations or at those facilities.
2. If my experiential learning activities take place in locations or at facilities that are controlled by Dartmouth, including but not limited to laboratory space, it is my obligation to be aware of the appropriate practices within those facilities and to comply with applicable policies regarding the use of the space, including safety related policies, and that I am responsible for completing all necessary training (e.g. Responsible Conduct for Research, Environmental Health and Safety, Institutional Review Board, etc.).
3. If my project involves interviews or survey procedures, I am responsible for obtaining approval of the Committee for the Protection of Human Subjects (CPHS) and completing the appropriate Institutional Review Board educational sessions. I understand that if my project requires review by CPHS, I may not begin the research until the review is complete.
4. I have provided information concerning my project to my parents or guardians. I have discussed any travel plans related to my project with them and will provide them with addresses and contact information to facilitate both regular and urgent communications for the direction of the project. If covered by my parents' health insurance, I have confirmed that I am covered off-campus. If covered by Dartmouth's health insurance, I have checked the website for the most accurate coverage information.
5. I am responsible for conducting myself in accordance with acceptable standards of behavior in the place or places where the proposed activities are to be conducted and, if required, for securing governmental or other approvals needed to conduct the proposed project.
6. I confirm that I am in good standing with the College and I am eligible to participate in College-sponsored programs. I understand that I must notify the CPD if I am not in good standing with the College during the term in which I am receiving funding, and I may be required to return the funding.
7. I agree to notify the CPD immediately if there are any changes to the timeline or nature of my project.
8. I permit Dartmouth College to submit my report for use in annual reports to donors and/or display my final report on campus (e.g. in the Admissions Office or Rauner Library).
9. I understand that I am to retain receipts for all expenditures for my own records.
10. I understand that I may be asked to share my thoughts and expertise about my experiential learning activity with the Dartmouth community by participating in general information sessions, poster sessions, interviews, etc.
11. I acknowledge and willingly agree that I am participating in this activity voluntarily and of my own free will. I acknowledge and fully understand that this activity involves the risk of injury, including serious and/or permanent physical injury or death which might result not only from my own actions, inactions, or negligence, but also the actions, inactions or negligence of others, including Dartmouth College, its officers, employees, agents and volunteers. I accept personal responsibility for the damages following such injury, permanent disability, or death.
12. I release Dartmouth College, its officers, employees, and agents from any and all claims and causes of action for loss of or damage to property, financial loss, personal injury, or death arising out of activity conducted as part of or in connection with this project.

Funding Requirements:

1. I am expected to complete the number of weeks as listed in my funding application unless other arrangements have been made. If anything changes with my experience, I will notify Monica.Wilson@Dartmouth.edu of said changes.
2. When accepting this funding, it is understood that this in no way assigns Dartmouth College, the CPD or DCAL responsible for liability during the experience.
3. Funding checks should be deposited within 90 days of receipt. Checks will not be reissued after they have expired.
4. I am a US Resident: *Please check your response.* YES NO
5. If you selected NO, please complete the W8BEN form here: <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

I have read the above statements and fully understand them, and I consent to the terms and conditions stated therein. I am at least eighteen (18) years of age and fully competent and I execute this release for full, adequate and complete consideration fully intending to be bound by same. I accept the terms and conditions associated with the internship funding and/or awards I am granted. I understand that my funding may be terminated at any point if I do not comply with these terms and conditions.

Student Information:

Dartmouth ID: _____
Phone Number: _____
Dartmouth Email: _____
Mailing Address for Check: _____

Supervisor Contact:

Full Name: _____
Title: _____
Email: _____
Phone: _____

Emergency Contact Information:

First and Last Name: _____
Relationship: _____
Phone Number: _____
Mailing Address: _____
Email: _____

Signature

Date



Before you finish, please ensure that you have emailed the following materials to Ashley.Arsenal@Dartmouth.edu: 1) application form & proposal, 2) your resume, 3) documentation of proof of your experience, and 4) any supporting materials.