



David Rockefeller Center
for Latin American Studies

SUMMER 2010 INTERNSHIP GRANT APPLICATION

DRCLAS Internship Grants are intended for **degree-seeking Harvard undergraduate and graduate students** who have obtained internships related to Latin America or U.S. Latinos and need funding to help cover travel expenses. Priority is given to students working at non-profit or public sector organizations. Students seeking funding to cover the cost of a language course or a program fee are **not eligible**. Applications will be reviewed by a Harvard faculty committee and will be awarded through a competitive process. **Non-continuing students are not eligible**. DRCLAS Internship Grants are typically **partial grants** and are intended to be used in conjunction with other sources of funding, such as stipends from the sponsoring organization, personal funds and other grants.

Application checklist:

- ❑ **APPLICATION FORM**
Complete the application form attached.
- ❑ **BUDGET**
Complete the itemized budget form attached.
- ❑ **CURRENT RESUME or C.V.**
- ❑ **PERSONAL STATEMENT**
Describe the organization where you will be working, its mission and what you hope to accomplish during your internship (max. 750 words).
- ❑ **TRANSCRIPT**
Request current grade report from Registrar.
- ❑ **CONFIRMATION LETTER**
A letter of invitation, sponsorship, or confirmation from your sponsoring institution.
- ❑ **LETTER OF RECOMMENDATION**
A letter from a faculty member or staff member able to comment on your proposed internship, as well as to describe relevant personal attributes.

PLEASE SUBMIT APPLICATION MATERIALS TO:

Yadira Rivera, Student Services Associate (yrivera@fas.harvard.edu)
David Rockefeller Center for Latin American Studies
Center for Government and International Studies
1730 Cambridge Street, South Building
Cambridge, MA 02138 • University Mail
Phone: 617-496-9153 • Fax: 617-496-2802

Deadline: Monday, February 12, 2010 by 12 pm



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Application Form

(PLEASE TYPE OR PRINT CLEARLY)

NAME:	
SCHOOL/DEPARTMENT:	YEAR OF GRADUATION:
DATE AND PLACE OF BIRTH:	U.S. CITIZEN?:
SOCIAL SECURITY NUMBER*:	HARVARD ID:
CAMPUS/LOCAL ADDRESS:	
PERMANENT ADDRESS:	
LOCAL TELEPHONE:	E-MAIL:
SPONSORING ORGANIZATION NAME AND LOCATION:	
CONTACT PERSON AT SPONSORING ORGANIZATION:	
OFFICIAL LANGUAGE OF DESTINATION COUNTRY:	
APPROXIMATE DATES OF STAY:	

*if resident or non-resident alien, provide nationality and green card or visa number



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Budget

NAME:

Fill in all the categories with exact figures or the most accurate estimates you have at the present time. If necessary, provide comments in area below. Please attach a travel itinerary, and copy of plane ticket or price quote from a travel agent.

EXPENSES:

Location and Duration of Trip:

Airfare (itemize fares to multiple destinations):

Internal Travel Expenses:

Lodging:

Food:

Other Expenses (please itemize):

TOTAL EXPENSES:

RESOURCES:

Personal Funds:

Other Grants or Awards:

Other Resources:

TOTAL RESOURCES:

TOTAL AMOUNT REQUESTED: