



The Bagley Center: Internship Partners

**MORGRIDGE FAMILY SCHOLARSHIP
APPLICATION FORM**

Contact Information:

Name _____

Campus Address _____

Phone _____

E-Mail _____

Permanent Address _____
Street City State Zip

Permanent Home Phone _____

Internship Information:

Major and Concentration _____

Internship Instructor's Name _____

of credits _____ Semester enrolled _____

Type of site _____
(i.e., school, business, healthcare facility, law enforcement agency, etc.)

Intended site location _____

Acceptance of Obligation:

Since the Award is based on your essay and the description of your Internship plans for the 2004-2005 academic year, please sign below to acknowledge that you will fulfill your obligations with regard to this experience. Unless there are extenuating circumstances presented to the committee, it is understood that failure to complete the Internship as presented will require you to return the grant to Morgridge Family Scholarship. In addition, it is hoped that you will share your experience with the Committee (a short note would be fine) and with other groups related to the University, if requested.

Signature

Date

(Please attach this application form, the essay, your resume, and return to the Bagley Center NO LATER THAN MAY 1, 2007 for summer/fall consideration and DEC. 1, 2006 for winterim / spring consideration.)