

THE RICHARD D. LOMBARD PUBLIC SERVICE FELLOWSHIP PROGRAM

Application & Budget Form

Submit this cover sheet, your proposal, and all supporting materials by the deadline prior to the start of your planned project via electronic submission AND provide 1 hard copy with supporting materials to the Dickey Center, 141 Haldeman (HB 6048).

PERSONAL INFORMATION:

Name: _____ Gender: _____ Class: _____
 First Middle Last

E-mail: _____ HB: _____ Dartmouth ID Number: _____

Home Address (required): _____

Telephone: _____

Citizen of (Country): _____ Permanent Resident of (Country): _____

PROJECT INFORMATION:

Project Type: _____ Position/Project Title: _____

Location: _____ Host Organization: _____

Brief description of proposed project (2-4 sentences):

Major: _____ Minor: _____

Courses taken which provide particular background for Project:

Language Skills & Proficiency (besides English): _____

Related Work Experience: _____

Extracurricular Activities: _____

Honors/Awards: _____

In which term will your project begin?: _____ Beginning date: _____ Ending date: _____

Remaining Dartmouth Plan (if applicable): _____

Faculty Recommenders: _____

BUDGET PROPOSAL:

Breakdown (rent, food, travel, supplies) of how the funds will be used. All expenses must relate directly to the Fellowship. Awards range up to a maximum of \$15,000 for project of 6months or longer duration (up to one year).

Example: Amount Explanation
\$50 \$1 each way/2X daily (25 days)

Costs (as applicable):

	<u>Amount</u>	<u>Explanation</u>
Travel	\$ _____	_____
Visa Fee	\$ _____	_____
Rent/Lodging*	\$ _____	_____
Food*	\$ _____	_____
Supplies	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____
Total Cost	\$ _____	

*Expenses for room & board will not be considered for people living at home.

Funds expected from other sources (if applicable):

If your total costs exceed the allowable limit, are you applying for or will you receive funding from other sources? If so, please list all sources of funding, amounts and status (approved/pending).

<u>Amount</u>	<u>Source</u>	<u>Confirmed (yes/no)</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Total Other Sources \$ _____

AMOUNT REQUESTED FROM THE LOMBARD FELLOWSHIP FUND \$ _____

I hereby certify that all the information provided on these pages is correct, and if any of the information changes, I will notify the Dickey Center in a timely manner. By signing below, I authorize the Dickey Center to access my transcripts as needed for this application.

Applicant Signature

Date

NOTE: • A small portion of your award will be withheld pending receipt of the report on your Fellowship.
• All awards are considered taxable income by the Internal Revenue Service

Submit one copy of all application materials to the Dickey Center, HB 6048 by application deadline
*****Late &/OR incomplete applications will not be accepted*****