Praxis Application Instructions 2019

Praxis Application Forms 2019
PRAXIS-FUNDING APPLICATION CHECK LIST

Have you....

☐ Read the "Guidelines and Regulations to Praxis Funding"?
☐ Filled in all information on your application form?
☐ Signed the Voluntary Assumption of Risk Agreement?
☐ Read and signed the Code of Conduct for Praxis-Funded Interns form?
☐ Completed and attached your written statements?
☐ Obtained a completed Supervisor Confirmation Form.
☐ **Attach a letter on official letterhead or email** from your host organization confirming the offer of an internship and describing your internship duties and how you will be supervised?
  - **Note**: Without the both the Supervisor Confirmation Form and letter or email your application will be considered incomplete.
☐ (ONLY FOR STUDENTS RECEIVING STIPENDS FROM HOST ORGANIZATIONS) Attached a statement from your host organization confirming your employer paid stipend and the amount?
☐ Attached your resume? (Even if the organization does not require one.) Traveling Abroad? Attached two copies of your Mandatory Travel Registry (emergency contact information at internship site and a travel waiver form)? (Internships outside the U.S. only)
☐ Obtained a sign-off from a faculty adviser?
☐ Made a photocopy of your application and supporting materials for your own files?
☐ If you are a rising senior with a credit shortage, have you obtained the Class Dean’s permission for you to do a Praxis funded internship?

Once you have completed these steps you must obtain a sign-off from a Lazarus Center staff member by **May 2, 2019**. **For fast approval, schedule a Praxis express appointment through your Handshake account.** Or, stop by the Lazarus Center Reception, Help Desk, or call X2582 to sign-up.
Praxis Funding Application for Summer 2019 Internships

Type or print in ink. Return completed forms and documents to the Lazarus Center for Career Development. Schedule a Praxis Express appointment through your Handshake account to have your funding application reviewed. Or stop by the Lazarus Center, Help Desk, or call 413-585-2582. Applications accepted February 1 – May 2, 2019.

Student Name: ______________________________________________________________________________________

First Middle Last

Graduation Year: _______ Citizenship: ___________________________ 99# ______________________________

Smith Box # _______ Email: ___________________________ Primary telephone # ___________________________

Home address: ________________________________________________________________

City State Country

Major(s) (if not declared indicate intended): ______________________________________________________________

Name of your liberal arts/major adviser and Concentration Faculty Director: ____________________________________

Host Information

Name of your internship host organization_________________________________________________________

Address: __________________________________________________________________________________________

Supervisor name: ____________________________________________________________________________________

Is your supervisor a Smith College alumna?    Yes___ No___

Supervisor title: _____________________________________________________________

Supervisor email: ___________________________ Phone_________________________

Number of hours you expect to complete at your internship (minimum 220 hours for 5 ½ weeks): _______________

Other Funding

If you will receive a salary or stipend for this internship from the host organization, what is the amount? ____________ must be confirmed in writing by host organization.

Are you participating in the Picker Semester-in-Washington Program?

☐ Yes

☐ No

Are you receiving a Fox Boorstein and Leanna Brown Fund? If so, please provide a copy of your budget proposal with your application.

☐ Yes

☐ No

If you have been awarded other Smith funding (not Praxis) for this internship, indicate:

Fund Name: ___________________________ Dept./Office: ___________________________ Amount $________________

If this internship is associated with a Smith Concentration, indicate below:

☐ Archives  ☐ Museums

☐ Book Studies  ☐ Poetry

☐ Climate Change  ☐ South Asia

☐ Community Engage. & Social Change  ☐ Sustainable Foods

☐ Global Financial Inst.  ☐ Translation Studies

For office use only:

Org._________________________  ☐ Concentrations

Pl._________________________  ☐ Panelist

Stipend Amt.$ _____________  ☐ NYC

☐ Supervisor Smith Alumnae
This internship is associated with a field school. (Note: any credits awarded cannot be transferred to Smith.)
I currently receive need-based grant aid from Smith College.
I anticipate having a credit shortage. (All students with a credit shortage may receive Praxis stipends only with the permission from their adviser.) I will have earned 64 credits by the end of the spring semester.

Working Abroad (or outside your home country)

- Check here if internship will take place outside of the U.S. and (for international students) outside of your home country.
- I have completed the Travel Registry and waiver forms (for internships outside of the U.S. only).

Please review the U.S. State Department Travel Advisory and indicate your travel advisory level _____.

Note: If your travel advisory level is a 3 or 4 you must obtain a Risk Waiver form by emailing Lisa Johnson (ldjohnson@smith.edu) or Rebecca Hovey (rhovey@smith.edu) at the Lewis Global Studies Office.

How did you find this internship? (check all that apply)
- Handshake
- Faculty
- Alumnae
- Friend/Relative
- Other

International Students Only

International students receiving a Praxis grant for an internship in the U.S. are required to have Curricular Practical Training (CPT). Your application must be signed by Dean Caitlin Szymkowicz to ensure you have discussed this process with her.

_________________________________________________  ______________________
Caitlin Szymkowicz, Assoc. Dean of International Studies           Date

Mailing information for Praxis payment

- If you are active for direct deposit for payroll, your Praxis stipend will be deposited to that account. Students who do not have direct deposit must select an option below:
  - Send check to my permanent mailing address
  - Send check to my Smith campus mailbox
- For students with non-U.S. permanent addresses only, if you would like your check to be mailed to the U.S. address of a friend or relative, please provide name and address information:

  Name: ____________________________________________________________________________

  Street Address: ____________________________________________________________________________

  City, State, Zip Code: ____________________________________________________________________________
Supervisor Confirmation Form

This form is also available online at to be completed by the Internship Supervisor

Name of Organization___________________________________________________________________________
Address__________________________________
Email __________________________________________________
Telephone__________________________________________
Supervisor Name/Title____________________________________________________________________________________

Please print clearly

Are you a Smith College alumna?_________________________Class Year________________________________
Organization website_____________________________________________
Student Intern__________________________________________________________________________________
First Name Last Name

Number of hours of internship: __________ hours. Must be a minimum of 220 hours and a minimum of 5 ½ weeks (40 hours a week max.)

I certify that this internship is entirely unpaid. The student will not receive compensation of any kind for work completed for this organization:
Yes___ No ___If no, please indicated the amount the intern will be compensated $_________________________

Supervisor Signature____________________________________________Date____________________________

Signature Required

1. You must submit a formal offer letter on official letter head or an email to Praxis@smith.edu in addition to this form.
2. Please also send a copy of your letter/email to your student intern.
   
   - Describe the projects that your Praxis intern will be working on in as much detail as possible.
   - How will your Praxis intern’s time be divided among different tasks?
   - Please describe how your Praxis intern will be supervised and evaluated throughout her appointment.
   - What kind of meetings will your Praxis intern attend with you or other members of your staff?

If you have any questions about Praxis, please contact:
Kimberly Lebron, Praxis Assistant
Lazarus Center for Career Development Office
praxis@smith.edu/ 413.585.2582
Required Written Statements

Carefully and thoughtfully complete written statements to each of the following questions and attach them to your application (minimum 300 words per question):

a. What is the purpose of the host organization?

b. What duties/ project(s) will you be working on? How will your time be structured?

c. What type of supervision will you be receiving? How will you and your work be evaluated? How do you plan on handling any concerns that may arise during your internship?

d. How did you go about locating this internship? Did you pursue any other leads/options? If so, what were they? What attracted you to this position? In what ways will this internship be challenging to you?

e. How does this internship relate to your academic studies? If it does not, how will it be valuable to your academic endeavors? What courses have you taken that have prepared you for this opportunity?

f. How do you see this internship impacting your career goals?

g. How will you represent Smith at your organization? What will the organization learn about Smith students as a result of your working there?
FOR OFF-CAMPUS INTERNSHIPS:
VOLUNTARY ASSUMPTION OF RISK AGREEMENT

The Voluntary Assumption of Risk Agreement is directed only to Smith students who will be doing off-campus internships.

Smith College is a non-profit educational institution. References to Smith College include Smith College, its trustees, employees, volunteer workers, agents and assignees.

References to the host agency include the organization or institution where you will be conducting your summer internship, its trustees, employees, volunteer workers, agents and assignees. References to the internship include the host agency and any housing, transportation or other aspects of daily life associated with the placement at the host agency.

I, ________________________________, freely choose to participate in a summer internship at ________________________________

(Please Print Your Name)

I understand that Smith College is not an agent of, and has no responsibility for, any host agency or third party that hosts internships for Smith students. I understand and agree that Smith College is not responsible for any conditions associated with my internship, nor for any personal injuries I may sustain during my internship, including without limitation, bodily injury including death or loss of property.

I understand that this internship may include activities and/or conditions with risks and dangers different from those that might normally be anticipated on the Smith College Campus. I understand that participation in the internship may be potentially dangerous, and that I may be injured, including severe and/or permanent injury or death, and/or loss of or damage to personal property as a result of participation in the internship. Therefore, I assume all risks related to the internship, whether known or unknown.

My signature below indicates that I have read and freely signed this agreement, which shall take effect as a sealed instrument.

Signature ______________________________________________________

Date ____/____/____ (month, day, year) _____________________________

Name ______________________________________________________

(Please Print)
CODE OF CONDUCT FOR PRAXIS-FUNDED INTERNS

1. I understand that I am acting as an ambassador of Smith College to my host organization and I agree to act respectfully and professionally throughout my internship.

2. I will follow my host organization’s rules and regulations (e.g., hours of work, holidays, dress code, etc.)

3. I will be dependable, considerate, honest, trustworthy, and cooperative when dealing with others.

4. I will immediately notify the Praxis Funding Director if any change in my internship status is anticipated, or if a serious dilemma arises.

5. I will not engage in conducting personal business during work hours.

6. I will be punctual.

7. I will strive to complete all assignments and responsibilities in a reliable and efficient manner.

8. I will strive to maintain and enhance my personal effectiveness by improving my skills and acquiring new knowledge.

9. I will seek feedback from my supervisor(s), and strive to improve my performance.

Signature _____________________________________________ Date ____________

Name _________________________________________________________________________ (Print)
Praxis Applicant Funding Contract
PLEASE READ CAREFULLY:

By signing this contract, I confirm that I understand and agree to the following:

1. If awarded Praxis funding, I accept the Praxis stipend with the full intention of completing this internship.

2. If emergency circumstances arise and I am unable to complete my internship, I will speak to a Lazarus Center staff member before leaving my internship or, if not possible, immediately after I leave and I will return a pro-rated amount of the stipend to Smith College based on worked hours confirmed by my supervisor.

3. I will receive the remaining $200 of my Praxis stipend after I have submitted a Summer Activity Report and after my internship supervisor has submitted a letter confirming that I worked a minimum of 220 hours. These items must be completed and submitted no later than August 31.

4. Failure to provide a Summer Activity Report and Supervisor Confirmation Letter to the Lazarus Center at the end of my internship will result in my being charged for the full amount of Praxis funding that I have received and forfeiture of the final $200 stipend payment.

5. If I withdraw from Smith College at any point after receiving a Praxis grant, I will be charged the full amount of the funding I was awarded.

6. I will regularly read my Smith email to receive communication regarding my Praxis grant.
   Applicant Signature Required: _____________________________ Date: _____________________________
Faculty Advisor Sign Off

Student Name: _____________________________________________________________________________________

First               Middle               Last

Liberal Arts/ Major Adviser

Please confirm that you have:

☐ Met with this student to discuss her/his summer internship plans and internship learning
☐ Read this student’s Praxis funding application.

Signature:_________________________________________________ Date: ____/_____/____

Name: _________________________________ Department: __________________________

If you have comments, please write on the back of this form.

If preferred, you may email your confirmation / approval of this student’s internship to Praxis@smith.edu
Lazarus Center Sign-Off

Information that is still missing from the application:

☐ Faculty sign-off
☐ Supervisor Confirmation Form
☐ Written statements
☐ A letter on office letterhead or email from student’s host organization confirming the offer of an internship and describing the intern’s duties and the kind of supervision she will be receiving.
☐ Resume
☐ Voluntary Assumption of Risk Agreement
☐ Code of Conduct
☐ Mandatory Travel Registry (Two copies of the emergency contact internship site and the travel waiver form) (if required)
☐ Dean Caitlin Symkowicz (for international students only)

Any other revisions needed:

☐ Check here if the application is complete.
☐ Check here if the student has been given the Praxis award notification letter

Staff signature: ________________________________
Date: _________________________________________