

**CAMPUS CHRISTIAN CENTER:
STUDENT INTERNSHIPS IN CHRISTIAN MINISTRY AND SERVICE**

APPLICATION FOR INTERNSHIP AND FUNDING

Completed Application Due: 9 April 2008

INSTRUCTIONS:

- (1) ___ *Complete this application electronically (type all information);*
- (2) ___ *print two hardcopies of the completed application;*
- (3) ___ *sign and date both hardcopies of the application;*
- (4) ___ *keep one completed hardcopy of the application for yourself;*
- (5) ___ *deliver the other completed hardcopy of your application to Ms. Karen Nall in the Campus Christian Center, the Draper Building, office 107A; and*
- (6) ___ *send an electronic copy of your completed application to Dr. Loretta Reynolds (Loretta_Reynolds@Berea.edu) and Ms. Karen Nall (Karen_Nall@Berea.edu).*

Name: _____ CPO: _____

Location of Service: _____

Organization / Title of Project: _____

Date of Service: from _____ to _____

Student ID Number: _____

Grade Point Average: _____

(See Requirements and Qualifications for Internships in Christian Ministry and Service)

Contact Information:

Address _____

Local Phone _____ Email _____

Cell-Phone _____ Email _____

Field Supervisor: _____

Address _____

Phone _____ Email _____

Local (Berea) Supervisor: _____

Address _____

Campus Christian Center † CPO 2165 † Berea College † Berea, Kentucky 40404
Telephone: 859-985-3134 † E-mail: Karen_Nall@Berea.edu

Phone _____ Email _____

1. On a separate page, describe in detail the ministry or service experience for which you seek a grant from the Campus Christian Center. *(If applicable, attach a copy of the approved independent study or internship proposal. Attach a copy of the acceptance or registration letter from the organization or institution with or through which this ministry or service will occur.)*
Check one of the following categories and list city, state, and/or country (if an international setting).

A. ___ Ministry or Service in _____

Name of Program or Affiliated Organization _____

B. ___ Academic Internship in _____

Course Title & Number _____

C. ___ Independent or Team-Initiated Study in _____

Course Title & Number _____

2. Describe the places you will visit, purpose of the course and ministry or service.

3. How will this experience enhance your education at Berea College?

4. How do you propose to share your experience when you return to campus?

5. List the name of the department, club/organization, faculty or staff member who is sponsoring your off- campus activity: _____. If you do not have a sponsor, please explain why.

BUDGET: ESTIMATED EXPENSES AND SUPPORT FOR INTERNSHIP

TRAVEL

	Airline/Company	Amount	
Air Transportation:	_____	_____	
	_____	_____	
Ground Transportation	_____	_____	
	_____	_____	
		Subtotal	_____

LODGING

Amount Per Night	_____		
Number of Nights	x _____		
		Subtotal	_____

MEALS

Amount Per Meal (average)	_____		
Number of Meals	x _____		
		Subtotal	_____

ADDITIONAL EXPENSES

Description	Cost		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
		Subtotal	
		TOTAL EXPENSES (A):	_____

ADDITIONAL SOURCES OF SUPPORT

*The Campus Christian Center awards funds for Internships in Christian Ministry and Service as a **supplement** to personal funds and other awards. Awards from the CCC will **not** cover the entire cost of your experience. Indicate below other resources upon which will you draw for financial support.*

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL RESOURCES (B): _____

AMOUNT REQUESTED FROM THE CAMPUS CHRISTIAN CENTER (A minus B):
\$ _____

By submitting this application, I certify that I meet all qualifications for the grant. I am not now on probation of any kind, and I am current in all my financial obligations to the College. I will meet all conditions of my covenant with the Campus Christian Center.

Student's Signature _____

Local Supervisor's Signature _____

Date of Application _____

Receipt of Application (Date) _____

DO NOT WRITE BELOW THIS LINE

Decision: _____ Approved by CCC _____ Denied by CCC

Date: _____ Amount Approved: \$ _____

STUDENT INTERNSHIPS IN CHRISTIAN MINISTRY AND SERVICE

COVENANT FOR ACCEPTANCE OF FUNDS FROM THE CAMPUS CHRISTIAN CENTER

My signature below indicates my acceptance of funding from the Campus Christian Center Service for an Internship in Christian Ministry and Service. I agree to the following conditions:

1. To fulfill consistently and completely the Christian ministry or service internship as described in my application;
2. To submit two personal reports on the progress of this ministry or service project to the Director of the Campus Christian Center: the first report, due during the early portion of my internship; the second report, due within one week after completion of my internship;
3. To obtain two reports from my field supervisor, due at the same times as my two personal reports;
4. To submit two final written reports on the internship: (a) Financial report of expenditures, with documentation; and (b) Narrative report of my activities in ministry and/or service during the internship (see Requirements and Qualifications);
5. When possible, to return to Berea after my internship and to participate in a worship service that highlights the work of student interns in the following semester, during which I will deliver some form of oral presentation about my internship;
6. To send a letter of appreciation to the donor of the fund that supported my internship in Christian ministry or service (only where applicable);
7. To conduct myself with the integrity, punctuality, and decorum expected of representatives of Berea College and the Campus Christian Center;
8. And, should I fail to meet these conditions, to return the full amount of the grant for the internship to the Campus Christian Center within six weeks.

Name (please type) _____

Signature _____

Date _____

CPO _____