

Application for Grinnell-in-Washington

Return the original of this application and five photocopies to the OCS Office by Friday, January 29, 2010, 5:00 p.m. Sections I and II must be completed both on this application and on-line at www.grinnell.edu/offices/ocs/applying. Complete the on-line form and attach a printout of the information entered to the top of this application.

I. PERSONAL INFORMATION

Name _____ Username _____

Preferred First Name _____

Box _____ Grad Year _____ ID # _____ Major _____
 Declared Intended

Current Adviser(s) _____ Concentration _____
 Declared Intended

II. PROGRAM CHOICES

Applicants to Grinnell-in-Washington may also apply to an OCS program for the spring semester. **If you have applied or intend to apply to an OCS program for spring 2011, please complete this section.**

Fall 2010

Program name from OCS website GRINNELL-IN-WASHINGTON

First choice program application deadline 1/29/2010

Spring 2011

Program name from OCS website _____

Spring choice program application deadline _____

III. APPROVAL SIGNATURES

Student: Your signature indicates you have discussed your off-campus study plans with your academic adviser(s) and the Campus Program Adviser and have read both the application instructions and OCS Handbook.

_____ Date _____

Program Adviser: Your signature indicates that you have discussed this OCS program with the student.

GIWProgram
Adviser _____ Date _____

Name _____

IV. RECOMMENDATION FORMS

List the two faculty members who will be submitting the recommendation forms included in this application.

1. _____ 2. _____

V. ESSAY

Be sure to read Part II of the application instructions before starting this section. State the rationale behind your proposal to study off campus for your first and second-choice programs. Essays will be carefully considered in determining first-choice programs and semesters. **Organize your essay in sections labeled with the headings listed in the instructions; the length should be no more than four double-spaced pages.**

Rationale: First Choice (Grinnell-in-Washington) Program

- **Prepare this section of the essay in consultation with your academic adviser(s), who must approve your OCS program choice. Provide a statement about how the off-campus study semester will deepen and enhance your liberal arts education at Grinnell:** Explain your choice of program in terms of its connection to your major, concentration, or other areas of interest, as expressed in past or intended college coursework. Give examples of ways in which you will have prepared yourself, both academically and personally, for this off-campus experience and how you will build upon it after your return. In addition, describe how this program will supplement and deepen your pursuit of a liberal arts education. Discuss any additional objectives you wish to accomplish that may not be directly related to your coursework at the college, e.g., studying a language or taking courses not offered at Grinnell, participating in an internship, or doing an independent study.

Rationale: Second Choice Program

- Follow the directions given above under First Choice Program.

Special Considerations

- In this section, please include any special circumstances, academic or personal, that you would like the OCS Board to take into account when considering your application to study off campus.

Ideas for Internship

- Please explain in 1-2 paragraphs what you want to do for an internship in DC, and how this fits in to your academic work at Grinnell. Specifically, be sure to discuss the types of skills you would like to use or develop, the types of organizations that interest you the most, and how this internship will contribute to your studies.

INFORMATION FOR THE WASHINGTON INTERNSHIP INSTITUTE (WII)

EMERGENCY INFORMATION

Emergency Contact Person _____ Relationship to You _____

Address _____ Phone (day) (____) _____

City _____ State _____ Zip _____ Phone (night) (____) _____

Email _____

Please provide information on disabilities or medical conditions:

HEALTH INSURANCE INFORMATION

*All students **must** have health insurance for the entire length of the program.*

Health Insurance Company _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Group Number

Policy Number _____

INTERNSHIP AND ACADEMIC PROGRAM AGREEMENT

I understand that the Application/Intern Profile, including all supporting materials, is the property of the Washington Internship Institute and may be shown to potential agency sponsors. No documents will be returned or transferred to any other institutions or potential employers. I understand and agree that I am responsible for and will pay to the Washington Internship Institute all tuition, housing or other fees or deposits when they are invoiced. Interest charges and/or late fees may apply. I understand that, even if the home institution is billed for these amounts, I will remain responsible for payment until the home institution pays the Washington Internship Institute. Communication of final grades and evaluations will be affected if I have an outstanding balance. I certify that I will have health insurance for the entire length of the program. I certify that all information is complete and accurate. I agree to notify WII of any changes in the information I have provided on this form.

Student's Signature _____ Date _____

Student's Name (please print) _____

GRINNELL COLLEGE
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
FOR PROGRAMS SPONSORED BY GRINNELL COLLEGE
PAGE 1 of 2

The undersigned Student at Grinnell College (the "College") has applied to participate in an off-campus travel and study program described as: _____ (the "Program") during the period: _____. Student is not required to participate in this Program. Student's participation is wholly voluntary. In consideration of College's approval for Student to participate in this Program the receipt and sufficiency of which is hereby acknowledged, the undersigned agree as follows:

1. College may, at any time and in its sole discretion, withdraw its approval for Student to participate in this Program based upon Student's failure to comply with the provisions of this Agreement or based upon Travel Warnings, Public Announcements or other advice received from the United States Department of State. Such withdrawal will not affect the obligations of the undersigned expressed in this Agreement and College shall not be liable for any loss (including financial loss or loss of academic credit) to Student by reason of such withdrawal.

2. Student will arrange coverage, throughout the Program and throughout Student's absence from the United States, by a policy of comprehensive health and accident insurance which provides protection for illnesses or injuries sustained or experienced while outside the United States; and, specifically in the countries where Student will be living and traveling. The undersigned hereby release and discharge the College from all responsibility and liability for any injuries, illnesses, medical bills, charges or related expenses Student incurs while participating in the Program.

3. Each of the undersigned individually, and on behalf of such undersigned's heirs, successors, assigns and personal representatives, hereby releases and forever discharges the College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) to Student or Student's property or both, including but not limited to financial loss, loss of academic credit or any other claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with Student's participation in the Program or any travel incident thereto.

4. Each of the undersigned individually, and on behalf of such undersigned's heirs, successors, assigns and personal representatives, hereby agrees to indemnify, defend and hold harmless the College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses including attorneys fees, which arise out of, occur during, or are in any way connected with Student's participation in the Program or any travel incident thereto.

5. As a participant in the Program, Student will strive to understand and respect the cultural differences encountered and will observe the laws of the country in which Student will be residing and all academic and disciplinary regulations in effect for the Program. Student will also participate in all orientations, briefings and advisory sessions organized by the Program and strive to understand the information provided and heed the advice given in these orientations, briefings and advisory sessions. Furthermore, as a degree candidate at the College, Student will also continue to adhere to the College's Code of Student Life.

6. Because the Program is sponsored by the College, Student understands and acknowledges that:
- a. Student must report to the College any physical or mental condition, which may require special medical attention or accommodation during the Program at least ninety (90) days prior to Student's departure to commence participation in the Program.
 - b. The College reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the College will not be liable for any loss (including financial loss or loss of academic credit) to Student by reason of any such cancellation or change. The College is not responsible for penalties assessed by common carriers that may result due to operational and/or itinerary changes, regardless of whether the Student or the College makes the travel arrangements. Any additional expense resulting from changes will be paid by the Student. The College reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing arrangements are within the sole discretion of the College.

GRINNELL COLLEGE
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- c. The College assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, common carrier or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the College, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of common carriers or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature however caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond the College's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors, student is required to spend additional nights, the College will not be responsible for Student's hotel, transfer, meal costs or other expenses. Student's baggage and personal property is transferred at Student's risk entirely. The College reserves the right to decline to accept or to retain Student in the Program at any time should Student's actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if Student's conduct violates any policy or procedure of the College, Student understands that Student may be required to leave the Program in the sole discretion of the College or its agents and representatives, and may be referred to the appropriate College officials for further disciplinary or other action. In such event, no refund will be made for any unused portion of the Program. The right is reserved by the College, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the College's sole discretion, to cancel the Program or any aspect thereof after departure requiring that all participants return to the United States, if the College determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

7. Each of the undersigned agrees that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Iowa, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall continue in full legal force and effect. In signing this Agreement, each of the undersigned hereby acknowledges that he/she has read this entire Agreement, that he/she understands its terms, that by signing it he/she is giving up substantial legal rights he/she might otherwise have, and that he/she has signed it knowingly and voluntarily.

Dated: _____

Dated: _____

STUDENT

PARENT OR GUARDIAN

(Signature)

(Signature)

Name (Printed)

Name (Printed)

FACULTY RECOMMENDATION

Please return to Neela Nandyal, Off-Campus Study by **Friday, January 29, 2010.**

GRINNELL-IN-WASHINGTON DC FALL 2010



Name of Applicant _____ Class Yr. _____
Last First

Recommender _____
 (Print recommender's name)

APPLICANT: I hereby waive my rights to inspect and review this recommendation form, with the understanding that the document will be used for purposes of evaluating my qualifications 1) for study off-campus by the Off-Campus Study Board, and 2) for participation in an internship by the Washington Internship Institute and various potential internship sites.

Signature of Applicant _____ Date _____

To the Student: Give this recommendation to a professor who knows you well and from whom you have taken a course; choose someone who you think can best respond to the questions and categories listed below. Make certain to discuss your OCS plans with the recommender and provide any further information requested.

To the Recommender: This student is applying for approval to study off campus on the GIW program. The Off-Campus Study Board requests your evaluation of this student's academic and personal qualifications, as well as comments you may have concerning his/her qualifications to undertake a rigorous internship in Washington DC.

How long and in what capacity have you known the applicant?

	No Information	Below Average	Average	Good	Very Good	Outstanding
Intellectual ability	_____	_____	_____	_____	_____	_____
Academic motivation	_____	_____	_____	_____	_____	_____
Preparation for class	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____
Tact	_____	_____	_____	_____	_____	_____

3. Highly Recommend Recommend Recommend with qualification Do not recommend

If you do not recommend this student or if your recommendation is qualified in any way, please elaborate on reverse or in an additional letter.

Additional comments on the applicant:

Signature _____ Date _____

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GRINNELL-IN-WASHINGTON DC FALL 2010



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How long and in what capacity have you known the applicant?

No Below

	Information	Average	Average	Good	Very Good	Outstanding
Intellectual ability	_____	_____	_____	_____	_____	_____
Academic motivation	_____	_____	_____	_____	_____	_____
Preparation for class	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____
Tact	_____	_____	_____	_____	_____	_____

3. Highly Recommend Recommend Recommend with qualification Do not recommend

If you do not recommend this student or if your recommendation is qualified in any way, please elaborate on reverse or in an additional letter.

Additional comments on the applicant:

Signature _____ Date _____