**APPLICATION FORM**

# THE HARVARD CLUB OF SOUTHERN CONNECTICUT

**SUMMER COMMUNITY SERVICE FELLOWSHIP**

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| NAME (LAST, First, Middle Initial) | CLASS & HOUSE AFFILIATION |
| COLLEGE ADDRESS | HOME ADDRESS |
| PHONE NUMBER | EMAIL ADDDRESS: |
| STUDENT ID NUMBER | DATE OF BIRTH |
| BRIEF DESCRIPTION OF YOUR PROPOSAL: | |
| PLEASE LIST TWO PEOPLE WHOM THE CLUB MAY CONTACT FOR REFERENCES  For each, please provide name, address, telephone number, email, as well as referee’s relation to you. | |
| 1 | 2 |
| I affirm that the foregoing statements and attached materials are true and accurate. If selected, I will ensure that the demands  and requirements of the proposal are satisfied, keep the Harvard Club of Southern Connecticut advised of the project and its  progress, write a reflection paper at the conclusion of the summer experience, and share these experiences with other undergraduates  and the Harvard Club of Southern Connecticut. | |
| SIGNATURE | DATE |