***Budget Form***

**Section A:**

Part of the learning experience of taking on any independent venture such as this Fellowship involves understanding what expenses will be required for your support. While the Fellowship award may not cover all your expenses, we would still like to know that you have thought through the financial aspects of the project. Please list ***all*** projected expenses. Indicate any in-kind support being given to you by the agency/organization.

|  |  |  |
| --- | --- | --- |
| **Expense** | **Amount** | **Explanation/Notes (Not required)** |
| Transportation | $ |  |
| Housing | $ |  |
| Food | $ |  |
| Healthcare (i.e. vaccinations, personal medical supplies, etc.) | $ |  |
| Project Expenses (most should be covered by the agency/organization) | $ |  |
| Other (laundry, toiletries, etc.) | $ |  |
| **TOTAL OF SECTION A** | $ | **SUM OF ALL EXPENSES DETAILED ABOVE** |

### Section B:

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). You may apply to other sources of funding, but you may not receive/accept both the Lombard and Lewin or another Dartmouth Center for Social Impact Post-Graduate grant stipend for the same work.

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount** | **Obtained/Pending?** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **TOTAL OF SECTION B** | $ | **SUM OF ALL EXPENSES DETAILED ABOVE** |

Estimated **total** cost of your project (from **Section A**): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate sources of funding (from **Section B**): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding request from Lewin Post-Graduate Fellowship Program:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The estimated values above are accurate to the best of my knowledge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant** *(electronic ok)* **Date**

**Confidential Recommendation Form**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fellowship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Short description of applicant's proposed project:

\_\_\_ I waive any right I may have to read or obtain copies of this recommendation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant** *(electronic ok)* **Date**

Name of Recommender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of Recommender to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Recommender** *(electronic ok)* **Date**

The purpose of the Olga Gruss Lewin Post-Graduate Fellowship is to support graduates within the year immediately following graduation who have proven leadership in the Dartmouth community and who are pursuing significant acts of citizenship and service to others after graduation. The Fellowship supports a ten-month to one-year community social impact project affiliated with a non-profit organization immediately following graduation. Up to $20,000 in funding is available for the living and project expenses associated with carrying out the fellowship. Fellows may serve in the United States or abroad.

Your knowledge of this applicant's interests and goals, and your assessment of the ways in which this project may complement their academic work and future career and educational plans, will help the selection committee to assess the strength of the proposal. Please attach a letter of recommendation written on letterhead and email to

Lewin.Post-Graduate.Fellowship@Dartmouth.edu or return to the address below by 11:59 PM EST on **February 15, 2023**.

**Lewin Post-Graduate Fellowship Committee**

C/O Henry Rosario, Assistant Director

Dartmouth Center for Social Impact

Dartmouth College

6154 South Fairbanks Hall

Hanover, NH 03753

Lewin.Post-Graduate.Fellowship@Dartmouth.edu

**Confidential Recommendation Form**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fellowship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Short description of applicant's proposed project:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant** *(electronic ok)* **Date**

Name of Recommender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of Recommender to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Recommender** *(electronic ok)* **Date**

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C/O Henry Rosario, Assistant Director

Dartmouth Center for Social Impact

Dartmouth College

6154 South Fairbanks Hall

Hanover, NH 03753

Lewin.Post-Graduate.Fellowship@Dartmouth.edu

**Project Supervisor’s Statement**

The student/alumni named below is applying for funding through The Olga Gruss Lewin Post-Graduate Fellowship Program at Dartmouth College. This is a fund which encourages post-graduate public service projects. This document is used internally at the college and is not forwarded to any public agencies. It is simply for our mutual understanding. **Please note that our funding decisions will not be made without timely receipt of this form**.Complete applications are due 11:59 PM on February 15, 2023.

I agree to take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ into my nonprofit organization as a volunteer, to provide 40+ hours of meaningful work for him/her for the time period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and to supervise this work to the degree that I can complete a brief evaluation form or letter at the end of the project.

**Supervisor:**

**Organization:**

**Address:**

**Business Phone:** **Fax:**

**Email:**

**Website:**

**Today's Date:**

**Job Description**: Please use reverse side of sheet or attach a separate statement if necessary. Please indicate specifically what the student/alumni will be doing and also indicate the value and timeliness of their potential service. Please indicate any knowledge and skills they need to have to be effective in their work with your agency.

(Page 1 of 2)

**Job Description (continued):**

**Supervisor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lewin Post-Graduate Fellowship Committee**

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