2020-21 Schweitzer Fellowship Partner Application

1.1 Partner A Name

* First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 Partner A Contact Information

* Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.3 Partner A Preferred personal pronouns (e.g. he/him/his, she/her/hers, they/them/their):

1.4 Partner A Mailing Address

* Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.1 Will you be enrolled in a degree-granting program through April 2021?

* Yes
* No

2.2 What year in your degree program will be be during the 2020-2021 academic year?

* First
* Second
* Third
* Fourth
* Fifth or more

2.3 When is your expected graduation date (month/year)?

2.4 Institution

* Geisel School of Medicine, Dartmouth College
* Vermont Law School
* Larner College of Medicine, University of Vermont
* Other please list institution below

2.5 Discipline

2.6 Degree Program

2.7 Fellows are expected to participate in Fellowship activities through the year (April 2020-April 2021). Will you have significant academic or clinical responsibility during the Fellowship year that may interfere with you ability to participate in the Fellowship?

* Yes
* No

2.8 If yes, please explain:

2.9 Please indicate any times you anticipate being out of the area and/or unable to participate in Fellowship activities other than those listed above:

2.10 Please list any other scholar programs or community service programs you are a part of, or plan to apply to, during the Fellowship year:

1.5 Partner B Name

* First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.6 Partner B Contact Information

* Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.7 Partner B Preferred personal pronouns (e.g. he/him/his, she/her/hers, they/them/their):

1.8 Partner B Mailing Address

* Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.11 Will you be enrolled in a degree-granting program through April 2021?

* Yes
* No

2.12 What year in your degree program will be be during the 2020-2021 academic year?

* First
* Second
* Third
* Fourth
* Fifth or more

2.13 When is your expected graduation date (month/year)?

2.14 Institution

* Geisel School of Medicine, Dartmouth College
* Vermont Law School
* Larner College of Medicine, University of Vermont
* Other please list institution below

2.15 Discipline

2.16 Degree Program

2.17 Fellows are expected to participate in Fellowship activities through the year (April 2020-April 2021). Will you have significant academic or clinical responsibility during the Fellowship year that may interfere with you ability to participate in the Fellowship?

* Yes
* No

2.18 If yes, please explain:

2.19 Please indicate any times you anticipate being out of the area and/or unable to participate in Fellowship activities other than those listed above:

2.20 Please list any other scholar programs or community service programs you are a part of, or plan to apply to, during the Fellowship year:

3.1 Project Title

3.2 Project Summary: Please write a two-three sentence description of your proposed project.

3.3 Please describe the target population you wish to impact with your proposed community service project, including demographic information and the community need(s) your project would address. *Suggested word count: 150*

3.4 Please describe your proposed community service program, including the following: Project goals and possible activities to meet these goals Intended outcomes you hope to see for the participants If you are proposing to continue an existing program, please briefly describe how you might expand or build upon it. *Suggested word count: 400*

3.5 Proposed community agency for your project site (if a community agency has not yet been identified, please type TBD):

3.6 Please list someone at your proposed site who could serve as a Site Mentor or who has been your site contact.  If the Site Mentor has not yet been identified, type TBD.

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.7 Has the representative above indicated to you that their organization welcomes your proposed project?

* Yes
* Maybe
* No

3.8 If you are accepted as a Fellow, once your project is formed, you will be asked to evaluate your project's impact. Knowing that your evaluation strategies may change as the project is developed, please indicate what methods you have thought about using throughout the year to evaluate for project's effectiveness and determine how well your goals were met.   
    
***Example:****Fellows have often conducted baseline and follow-up surveys, provided journals to participants to record progress with individual goals, held periodic discussions with participants, or identified other ways to gauge how well community members were able to make and sustain healthy changes as a result of the project.*

*Suggested word count: 200*

3.9 Bearing in mind that the majority of your service hours should be spent in direct, face-to-face community service, how would you apportion your time throughout the Fellowship year? Please include a proposed start and end date.   
    
***Example:****If you plan to meet weekly with your target population throughout the year, how many meetings would be required to fulfill the direct service requirement? Be sure you have given some thought to the logistical aspects of this part of your project, including times in which you or the community members may not be able to meet, time needed to recruit project participants, and time needed to develop presentations or other project materials.*  
*Suggested word count: 150*

3.10 Describe the avenues you will explore to sustain the project beyond your time as a Schweitzer Fellow.

4,1 Partner A: Considering that there are many different types of community service projects a Schweitzer Fellow could design, what inspired you to develop your particular project idea?  
  *Suggested word count: 200*

4.2 Partner A: Personal statement: Please include anything about your personal and professional background, as well as motivation for applying to the Schweitzer Fellowship that you would like to share with the selection committee.   
  *Suggested word count: 800*

4.3 Partner B: Considering that there are many different types of community service projects a Schweitzer Fellow could design, what inspired you to develop your particular project idea?  
  *Suggested word count: 200*

4.4 Partner B: Personal statement: Please include anything about your personal and professional background, as well as motivation for applying to the Schweitzer Fellowship that you would like to share with the selection committee.  
*Suggested word count: 800*

5.1 Reference 1 (Proposed Faculty Mentor)

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please describe your relationship in one sentence

5.2 Partner A Reference

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please describe your relationship in one sentence

5.3 Partner B Reference

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please describe your relationship in one sentence

6.1 Partner A: To allow us to gain a more thorough understanding of your academic and professional activities, please upload your resume or CV.

6.2 Partner B: To allow us to gain a more thorough understanding of your academic and professional activities, please upload your resume or CV.

7.0 If selected to serve as a Schweitzer Fellow, I will commit to the following:  
- Perform at least 200 hours of service  
- Attend a one day Orientation Retreat April, 2020    
- Attend a one day Mid-Year Retreat September, 2020  
- Attend monthly Fellowship meetings  
- Share reflections at the Celebration of Service April, 2021