**The Olga Gruss Lewin Post-Graduate Fellowship**

**at the Dartmouth Center for Social Impact**

**Application**

**Due (via email): Monday, March 1, 2021 - by 11:59 PM**

*Be sure you have read & thoroughly understood the Olga Gruss Lewin Post-Graduate*

*Fellowship Application Instructions prior to beginning this application.*

*They can be found at:*

*https://students.dartmouth.edu/social-impact/programs-initiatives/students/post-graduate-opportunities*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Class:** |  |
| **Graduation Date:** |  | **Dartmouth ID #:** |  |
| **College Address:**  |  |
| **Permanent Address:** |  |
| **Phone Number:** |  |
| **Citizenship:** |  |
| **College Major(s) and/or Minor(s)** |  |
| [ ]  | I have met with an advisor from the Dartmouth Center for Social Impact (mandatory) |
| [ ]  | I understand that the Lewin Fellows must engage in a full time (40+ hrs/wk) social impact-focused fellowship for 10-12 months |
| [ ]  | I have read & fully understand the [Lewin Application Instructions](http://www.dartmouth.edu/service/funded/postgrad.html) |
| **Fellowship Location:** |  |
| **Fellowship Organization:** |  |
| **Supervisor Name & Email:**  |  | **Contact Tel:** |  |
| **Beginning Date:** |  | **End Date:** |  |

**Application Checklist**

* **Short Answer**
* **Essay Response**
* **Budget Sheet**
* **Resume**
* **Project Proposal** **and any Supporting Materials**
* **Supervisor's Statement Form** (*you may contact the Center to confirm that this was received if mailed or faxed directly to the Dartmouth Center for Social Impact)*
* **Two Letters of Recommendation** (one from a supervisor and one from a Dartmouth faculty member - *you may contact the Center to confirm that these were received)*

**Part 1: Past Experiences**

Please fill in the following chart. Record five volunteer, paid/work, research, travel, leadership, or academic projects/programs that you feel have prepared you best for this immersive social impact project.

**(Please type directly into the following form and limit your response to this page.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Dates*** | ***Organization & Location*** | ***Experience Profile*** | ***What Learned***  |
| 1.  |  |  |  |   |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

**Part 2: Knowledge and Skills**

What significant knowledge and skills do you bring to your proposed Lewin Post-Graduate Fellowship?

**Please elaborate on 5 of these skills here. Please limit your responses to this page**. Be sure include relevant language skills and level of competency.

1.

2.

3.

4.

5.

***Essay Response***

**Prompt:**

Please discuss your motivations for pursuing the Olga Gruss Lewin Post-Graduate Fellowship after graduation. How does this fellowship fit into your concept of social impact, citizenship and your values? What outcomes, immediate or eventual, do you hope others will gain from your work? What value, immediate or eventual, do you hope to gain from this experience? Do you have immediate plans after your fellowship and if so, what are those plans? **(1-page double-spaced maximum)**

***Project Proposal***

**Proposal Guidelines:**

The Olga Gruss Lewin Post-Graduate Fellowship requires a detailed project proposal including:

* An introduction to the demographics, region and community in which the agency works, the population served and their particular issues and needs.
* A description of the mission of the agency where you will do your fellowship.
* A description of your role in the agency's work and your place in the community you will be working in (really focus on this segment).
* How your qualifications are relevant to the responsibilities and requirements of your work (be clear without repeating other areas of your application materials).
* Projected outcomes of your project and how they may be measured/observed.
* Indicate if and how your involvement with this agency may be timely to the agency.

 **(2-page double-spaced maximum)**

*You may also include an appendix with supporting materials from your Community Service Organization – Make sure the agency supervisor provides enough information on the supervisor form to reflect your proposal. Please clearly label each item and provide a brief list of the materials that you have included.*

***Optional Self-Identification Category***

The Dartmouth Center for Social Impact has a commitment to diversity and to serving the needs of a diverse population.

Self-identification is completely voluntary. The information will not influence your application for an internship. We compile the information on an historical basis to track program trends.

A. Ethnic Background

The Dartmouth Center for Social Impact asks for racial/ethnic information fully aware that the categories and definitions used are overly general and that many people belong to more than one group.

If you wish to be identified with one or more particular ethnic groups, please check the following:

**\_\_\_ American Indian or Alaskan Native** - A person with origins in any of the original peoples of North America or who maintains cultural identification through tribal affiliation or community recognition.
**\_\_\_ Asian** - A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This includes people from China, Japan, Korea, India, and Vietnam.
**\_\_\_ Black or African American**- A person with origins in any of the black racial groups of Africa (but not of Hispanic origin).  **\_\_\_ Latinx/Hispanic** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race. This includes persons from Spain, but not from Spanish-speaking countries in Central or South America unless they are of Spanish culture or origin.
**\_\_\_ Native Hawaiian or other Pacific Islander** - A person having origins in any of the Pacific Islands.
**\_\_\_ White, non-Hispanic** - A person having origins in any of the original peoples of Europe, North African, or the Middle East (but not of Hispanic origin).
**\_\_\_ Two or more races** (Please Specify)

B. Gender

\_\_\_\_\_\_ Male

\_\_\_\_\_\_ Female

\_\_\_\_\_\_ Gender Non-conforming/\_\_\_\_\_\_\_\_\_\_\_\_ (please fill in, if applicable)

***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 **March 1, 2021**.

**Lewin Post-Graduate Fellowship Committee**

C/O Leah Torrey, 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:

\_\_\_ 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**

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Lewin.Post-Graduate.Fellowship@Dartmouth.edu or return to the address below by 11:59 PM EST on **March 1, 2020**.

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C/O Leah Torrey, 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 March 1, 2021.

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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