LEAVE-TERM FUNDING RECOMMENDATION FORM

This form, its instructions and the subsequent letter of recommendation may be used in application to internship programs administered by the **Tucker Center.** Please deliver this form and your recommendation letter by giving it to the student or by emailing or sending it directly. The recommendation letter should be provided by a supervisor or faculty member who is not a Tucker staff member.

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**To be completed by the applicant:**

I waive do not waive any right I may have to read or obtain copies of the recommendation.

Placement: Internship Term:

Brief Description:

Centers to which you are applying for funding (check all that apply):

**The Tucker Center** (To: Tucker Internships, Tucker Center, HB 6154, Fax: 603-646-2645)

**\_\_\_\_\_\_\_\_Dartmouth Center for Social Impact** (To: Service Internships, Dartmouth Center for Social Impact, HB 6154, Fax: 603-646-2645)

**Rockefeller Center** (To: Internships, Rockefeller Center, HB 6082, Fax: 603-646-1329)

**Dickey Center** (To: Internships, The Dickey Center, HB 6048, Fax: 603-646-2168)

\_\_\_\_\_\_\_ **Other**

Due date for the recommendation to be received at the appropriate office:

Signature of Applicant Date

*\*electronic signature accepted*

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**To be completed by the applicant’s reference:**

Students participating in unpaid leave-term internships and fellowships can apply to the Tucker Center, Rockefeller Center, Dartmouth Center for Service, Dickey Center, and Center for Professional Development for funding to defray their costs.

We appreciate your taking the time to fill out this recommendation form on behalf of the prospective intern. You may respond to the questions directly on the following page or attach a letter or separate document. Be sure to return this cover page with your recommendation. Thank you for helping us to make our awards wisely.

Name (please print):

Signature: *(\*electronic signatures accepted)*

Address: City:

State: Zip:

Phone (Work): Home):

Relationship to student:

Date:

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**NOTE: Internship applications, including all recommendations, must be complete for a student to be considered for funding.**

Please return to Melinda Cooper, C/O Internships at the Tucker Center, 6154 South Fairbanks, Hanover, NH 03755 or tucker.center@dartmouth.edu

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**TO BE COMPLETED BY APPLICANT’S REFERENCE:**

*(Please feel free to attach a letter or separate document addressing the following questions.)*

1. How long and under what circumstances have you known the applicant?

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2. Describe the applicant’s **strengths**.

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3. Describe the applicant’s **weaknesses**.

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4. How would this internship enrich the student’s academic pursuits?

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5. How does the applicant respond to stressful situations? To decision-making situations?

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6. Based on your interactions and experiences with the applicant, please comment on the following characteristics?

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

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

**Ability to work with others**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. How do you rate this applicant as a student intern (check one)?

\_\_\_\_\_\_\_\_\_\_\_ Outstanding, more than qualified

\_\_\_\_\_\_\_\_\_\_\_ Good, better than many

\_\_\_\_\_\_\_\_\_\_\_ Weak, should be discouraged