

REFERENCE FORM FOR C-StREAM APPLICATION

Note to Applicant: Under the Family Educational Rights and Privacy Act of 1974, a student supported by this program has access to his or her academic records. We comply with this law, while still allowing the option of waiving the right to access this specific document. Waiving this right does not preclude you from access to any other academic records. You may check the "yes" option here to waive your right to have access to this document. Your choice will not affect the consideration of your application. **Applicant waives right to access this document after reference submission:** ☐ Yes ☐ No

APPLICANT TO COMPLETE

| | | | |
|--|------------------|-------------|--------|
| LAST/FAMILY NAME | FIRST/GIVEN NAME | MIDDLE NAME | SUFFIX |
| E-mail Address: _____ <small>long-term preferred account if possible</small> | | | |
| Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile | | | |
| Local Address: _____ _____ _____ _____ City state zip country | | | |

Background Information for Reference Providers:

The student applicant is applying for a summer 2024 internship within the CRC's C-StREAM program. A brief description of the program can be found at <http://chesapeake.org/c-stream/>. This program offers summer internship opportunities at the Chesapeake Bay Program Office (CBPO), the NOAA Chesapeake Bay Office (NCBO), within a CRC academic member institution, and new partner internships with the Izaak Walton League of America, National Park Services that will present cutting-edge research and the ability to build community capacity making the case for more inclusion in the Chesapeake Bay region.

Applicant: (optional): You may use the space below to add additional information about specific C-StREAM opportunities that interest you most.

Reference to Complete

| | |
|-----------------------|------------------------|
| Name: _____ | Address _____ |
| Title: _____ | _____ |
| School/Company: _____ | _____ |
| _____ | _____ |
| _____ | city state zip country |
| Daytime Phone: _____ | E-mail Address: _____ |

How would you rate this applicant in overall ability and promise in comparison with others at the same level of training?

| TOP 1% TO 2% | 3% TO 5% | 6% TO 10% | 11% TO 25% | 26% TO 50% | BELOW 50% |
|--------------|----------|-----------|------------|------------|-----------|
|--------------|----------|-----------|------------|------------|-----------|

Narrative: On the second page of this form (or as a separate attached page if you prefer), please provide a short narrative statement. Please discuss your relationship to the applicant (how long you have known the applicant and in what capacity) and assess the applicant's motivation and drive, work ethic, sense of personal responsibility and accountability, ability to work well in teams, and leadership skills.

REFERENCE SIGNATURE _____ date _____

REFERENCE NAME Note: In the absence of the insertion of the signature above, typing the name in the field and uploading the file will certify your signature.

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Reference to Complete

In the space below (or in an attached document if you prefer), please discuss your relationship to the applicant (how long you have known the applicant and in what capacity) and assess the applicant's motivation and drive, work ethic, sense of personal responsibility and accountability, ability to work well in teams, and leadership skills.

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After completion, please upload this form at: <http://chesapeake.org/letter-of-recommendation>