

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>		<p>Background Information for Reference Providers: The student applicant is applying for a summer 2025 fellowship 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 fellowship 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 <u>ability to build community</u> capacity making the case for more inclusion in the Chesapeake Bay region.</p>	
Daytime Phone: _____ <small><input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile</small>			
Local Address: _____ _____ _____			
City _____ state _____ zip _____ country _____			

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

REFERENCE TO COMPLETE

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%
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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
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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.

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>