Civic Literacy & Media Influence Fellowship

Educational Verification Form

Thank you for supporting this applicant. Please complete this form based on your knowledge of the applicant. Your recommendation helps the Fellowship Selection Committee better understand the applicant's character, leadership, academic commitment, and potential for success.

Applicant Information

Applicant Name: _____

Current School, College, or Institution: _____

Current Grade Level or Graduation Year: _____

Recommender Information

Name: _____

Position/Title: _____

School, College, or Organization: _____

Email: _____

Phone (optional): _____

Relationship to Applicant (check one):

☐ Teacher ☐ Professor ☐ Instructor ☐ Counselor ☐ Academic Advisor ☐ Educational Mentor

☐ Other: _____ How long have you known the applicant? _____

Recommendation

Why do you believe this applicant would be a strong candidate for the Civic Literacy & Media Influence Fellowship? Please consider the applicant's leadership, character, academic commitment, work ethic, communication skills, community involvement, initiative, and overall potential.

Certification

I certify that the information provided is accurate and reflects my honest assessment of the applicant.

Signature: _____ Date: _____