## Application Form Summer Allianz Fellowship

Application Deadline is June 9, 2017

Great River Greening 35 West Water Street Saint Paul, MN 55107 651-665-9500; fax 651-665-9409 www.greatrivergreening.org



Date of application:

Mail, email or fax application to: Mary Anne Welch, Communications & Outreach Manager, mwelch@greatrivergreening.org

Information						
Name		Date of Birth				
Address	City, State, Zip	Social Security Number				
Phone/Cell phone	Fax	Email				
Parent/Guardian Name		Phone	E-mail			
Name of person writing a reference (no family member	s)	Title /affiliation				
School/University Name in which you are enrolled	Year at time of application					
How did you learn about the Summer Allianz Felloy	wship (please be specific)?					

## **Application Questions**

Please answer the following questions on a separate sheet of paper. Please limit your responses to 300 words each.

- 1. What are your greatest strengths and weaknesses? What will you do to overcome these weaknesses?
- 2. A portion of the Fellowship requires an independent project in volunteer management and community. What would you like to learn about?
- 3. What unique perspective will you bring to the Summer Allianz Fellowship? (Examples could include your life experience, special interests, culture, skills, etc.)

## **Required Signatures**

I understand that the Allianz Summer Fellowship is a work/education program designed to accomplish environmental and community work and provide a unique youth development experience. I hereby certify that all statements made in this application are true and correct.

Applicant's Signature: Parent or Legal Guardian Signature: This page is intentionally left blank

## Reference Form Summer Allianz Fellowship

This section is to be completed by an adult reference (Teacher, coach, counselor, supervisor, etc. Not family or friends) Please have your reference mail, email, or fax it directly to our office. Only completed application received by the due date will be processed and considered.

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Date of application:	Mail, email or fax application to: Mary Anne Welch Communications & Outreach Manager, <u>mwelch@greatrivergreening.org</u> . Due June 9, 201						
Name of Applicant:			_				
Name of Reference	and Title			Relationship to Applicant	<u>.</u>		
Address		City, S	State, Zip				
Phone/Cell phone		Fax Email					
Please rate the app appreciated.	licant in the various are	as using the numb	per rating below.	Comments are greatly			
Outstanding		Satisfactory		Unsatisfactory	]		
5	4	3	2	l			
Attitude towards v Comments: Attitude towards s Comments:	vork: upervisors/teachers:						
Ability to follow dia Comments:	rections:				-		
Ability to take initia Comments:	ative:				4		
Ability to get along Comments:	with others:				-		

Maturity: Comments:

Ability to adapt to new situations: Comments:

Additional Comments (optional):