



INTERCOLLEGIATE STUDIES INSTITUTE
GRADUATE FELLOWSHIPS PROGRAM
LETTER OF RECOMMENDATION FORM

To be completed by the applicant to Graduate Fellowships Program

Name of applicant: _____

Name of fellowship (Please check all that apply):

- Richard M. Weaver Fellowship
Henry Salvatori Fellowship

In accordance with the Family Educational Rights and Privacy Act of 1974, do you waive your right to review your recommendation? Yes No

Signature _____ Date _____

To be completed by respondent

The above-named person has applied for the Graduate Fellowships offered by the Intercollegiate Studies Institute. Your name has been provided as a reference. We ask that you give us information that will help ISI and its panel of judges to evaluate the applicant's qualifications for this award. Please return this form to ISI by **January 23** of the year in which the fellowship will be awarded.

Please address the following:

How long and in what capacity have you known the applicant?

How do you view the applicant's academic abilities?

Does the applicant demonstrate a mature conception of and passion for what s/he hopes to accomplish?

Please attach your letter of recommendation to this form.

Name: _____

Title: _____

Institution and Address: _____

Signature _____ Date _____

Return this form via email to awards@isi.org or mail to

Graduate Fellowships
Intercollegiate Studies Institute
3901 Centerville Rd, Wilmington, DE 19807