



# Scholars Program

Reginald F. Lewis Museum  
of Maryland African American History & Culture

## APPLICATION DEADLINES

Summer: April 1  
Fall: July 15  
Spring: January 15

Application for: <input type="checkbox"/> Summer (June 15 - August 15)		<input type="checkbox"/> Fall (September 15 – December 15)	<input type="checkbox"/> Spring (February 15 – May 15)
<input type="checkbox"/> Undergraduate Intern		<input type="checkbox"/> Graduate Assistantship	
Name: Last:	First:	Middle Initial:	
Social Security Number:		Date of Birth:	
<input type="checkbox"/> Female		<input type="checkbox"/> Male	
Complete mailing address:			
Dates at this address: From:		To:	
Telephone number:		E-mail:	
Permanent address (if different):			
Telephone:			
Schools/Colleges/Universities from which transcripts are being sent:			
Academic major:		GPA:	Cumulative GPA:
Present Academic Level: <input type="checkbox"/> Undergraduate Junior <input type="checkbox"/> Undergraduate Senior <input type="checkbox"/> Graduate Student			
Department or area of the museum in which you would like to intern: (Please indicate 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> choice) <input type="checkbox"/> Education ____ <input type="checkbox"/> Public Relations ____ <input type="checkbox"/> Development ____ <input type="checkbox"/> Exhibitions and Collections ____			
Please attach separate personal statement (not to exceed 500 words – two pages, double spaced) describing your interest in an internship with the museum and your department preference. <b>*Graduate students are required to submit a project proposal.</b>			



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## LETTER OF RECOMMENDATION FORM

To Be Completed by the APPLICANT:

Name: \_\_\_\_\_

Application Deadline: \_\_\_\_\_

College/University: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

To Be Completed by the REFERENCE:

**The following contact information is required on this form. Recommendations received after the deadline will not be considered.**

### Reference contact information

<b>First</b>	<b>Last</b>
<b>Title</b>	<b>Organization/Affiliation</b>
<b>Mailing Address</b>	
<b>Telephone (day)</b>	<b>Telephone (evening)</b>
<b>E-mail Address</b>	
<b>Relationship to Applicant</b>	

**The recommendation should include the following information:**

- length of time and in what capacity you have known applicant
- assessment of applicant's professional development
- commentary on applicant's abilities including strengths, weaknesses, dependability and commitment
- how acceptance to this program will benefit the applicant

Please feel free to attach additional paper or write the recommendation on letterhead.

**\*Note the application deadlines are April 1 (Summer), July 15 (Fall) and January 15 (Spring). Please return your recommendation to the applicant in a sealed envelope or to the address below in time for inclusion in the review process.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date