



## Future Farmers and Agricultural Specialists (2FAS) Internship Program

Tuskegee University Cooperative Extension (TUCE) and the Carver Integrative Sustainability Center (CISC) is now accepting applications for our Future Farmers and Agricultural Specialist Internship Program. Students must currently be a student at an accredited undergraduate or associates' degree program. Interns will be assigned to Extension programs in one of the following to Extension programs in one of the following areas: **Sustainable Development, Communications, Agricultural and Rural Policy, Sustainable Small Farm, Forest and Ranch Management, Food Safety, Food Systems, Family Home and Consumer Science, Environmental Sustainability and more...**

Return all materials (application, two letters of recommendation, transcript) to:

Demetrius Hooks at [dhooks@tuskegee.edu](mailto:dhooks@tuskegee.edu)

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### I. STUDENT INFORMATION (please type):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Address \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

School phone \_\_\_\_\_ Cell phone \_\_\_\_\_

School email \_\_\_\_\_ Preferred email \_\_\_\_\_

Permanent address \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Permanent phone \_\_\_\_\_

Permanent phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation to you: \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_. Cont. Address \_\_\_\_\_

Street address

City

State Zip code

Emergency Contact Phone \_\_\_\_\_

Student Sex:  Male  Female Sex:  Male  Female

Student Ethnic background (please mark one):

Ethnic background (please mark one):

African American

Southeast Asian

Pacific Islander

Hispanic

Caucasian

Native American or Alaskan Native

Other (please specify) \_\_\_\_\_

Current or Most Recent Institution \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Major GPA \_\_\_\_\_ Expected or Actual Date of Graduation \_\_\_\_\_

Do you plan to attend graduate school? \_\_\_\_\_ If yes, field of study \_\_\_\_\_

**II. HONORS AND ACTIVITIES:** List below any research or academic positions you have held (such as teaching assistant, research assistant) including title, dates, responsibilities, and supervisor. You may attach additional sheets if necessary.

List below any research, academic, or outreach awards you have received. You may attach additional sheets if necessary.

Please indicate which Program you are applying to:

**III. RECOMMENDATIONS:** You will need two recommendations for your application. Recommendations should include the recommendation form (see below) and a letter of recommendation. Recommenders should include professors in courses relevant to your interests in this program who have taught you or know you well. State the names two persons you have asked to submit letters of recommendation. Please include his/her position, phone number, and e-mail address. Recommendations may be submitted with your application (suggested).

1. \_\_\_\_\_

2. \_\_\_\_\_

**IV. TRANSCRIPT:** We will evaluate your application with an unofficial transcript, but any students accepted in the program must provide an official transcript before we can process paperwork.

**V. Extension Experience:** Have you worked on a farm/ranch? Have you participated/executed consistently in Extension programming? If so, please describe your experience.

List in order the areas that you are familiar in working with?

Livestock       Fruits & Vegetables       Forestry.       Youth Development

Community Development       Family Home Consumer Sciences.

Other (Please Specify): \_\_\_\_\_

**VI. Internship Expectations:** Please indicate your expectations of internship experiences.

I certify that all the information provided on this application and all supporting documents are correct, complete and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LETTER OF RECOMMENDATION FORM (Recommender 1)

Applicant must complete top portion (please type). You may photocopy this form as many times as you need. Applicant name \_\_\_\_\_

I agree to waive my rights to the content of this recommendation.

I DO NOT agree to waive my rights to the content of this recommendation.

Applicant signature \_\_\_\_\_  
.....

To be completed by recommender.

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

Please rate the applicant in the following areas.

	Top 10%	Top 25%	Top 50%	Cannot Rate
Motivation for academics				
Maturity				
Diligence				
Ability to work with others				
Reasoning skills				
Written/Oral communication				
Ability to work independently				
Potential for working in a rural farm setting				

Please provide a written evaluation of the applicant, describing your knowledge of the applicant and emphasizing his/her potential for research and for graduate study.

Name of recommender \_\_\_\_\_

Organization and Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please place this form and your letter in a sealed envelope, sign your name across the flap, and return to the applicant.*

## LETTER OF RECOMMENDATION FORM (Recommender 2)

Applicant must complete top portion (please type). You may photocopy this form as many times as you need.

Applicant name \_\_\_\_\_

I agree to waive my rights to the content of this recommendation.

I DO NOT agree to waive my rights to the content of this recommendation.

Applicant signature \_\_\_\_\_

.....

To be completed by recommender.

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

Please rate the applicant in the following areas.

	Top 10%	Top 25%	Top 50%	Cannot Rate
Motivation for academics				
Maturity				
Diligence				
Ability to work with others				
Reasoning skills				
Written/Oral communication				
Ability to work independently				
Potential for working in a rural farm setting				

Please provide a written evaluation of the applicant, describing your knowledge of the applicant and emphasizing his/her potential for research and for graduate study.

Name of recommender \_\_\_\_\_

Organization and Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please place this form and your letter in a sealed envelope, sign your name across the flap, and return to the applicant.*