

**International Food Information Council Foundation**  
**2019 Sylvia Rowe Fellowship Award:**  
***Internship in Nutrition, Food Safety and Risk Communication***

## **Application**

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### ***About the Award***

The Sylvia Rowe Fellowship Award was established to help deserving individuals enhance their capabilities in the area of nutrition and food safety communication. The goal of this award is to develop the recipient's communication skills that he or she can and will apply to communicating nutrition and food safety information to the public in an academic setting, professional situation (either for-profit or nonprofit sector) or other public venue.

The recipient will be awarded an 8–12 week paid internship (\$600 per/week) at the IFIC/IFIC Foundation offices in Washington, DC. The internship needs to be completed by the end of 2019.

### **Application Instructions:**

Prospective applicants must be currently enrolled in or recently graduated (within 12 months from the time of application) from a graduate-level (MS, MD, or PhD) program in nutrition, food science and/or journalism/communications. Applicants must be legally authorized to work in the United States.

Please refer to the following [checklist of requirements](#) to ensure completeness of the application packet:

- Transcripts** of all undergraduate and graduate course work completed to date. Official transcripts are preferred; however, unofficial transcripts are accepted.
- Three (3) original letters of recommendation.** At least ONE must be from a program or department head. If the applicant has recently resumed educational studies, one letter of recommendation may be sent by someone who has worked with the applicant on a professional basis.
- Resume** that lists the following background information:
  1. All scholarships, awards, fellowships or grants previously or currently held. Indicate the amount of each and the date received.
  2. Summary of work experience; include any teaching, research or communication positions.

3. Publications and professional presentations. Give complete citations for all publications; give names, dates and locations of professional presentations.
  4. Current professional memberships. Designate any offices held with each organization.
- List of planned academic programs/courses, if applicable.** Include the institution, department, credit hours, course title and a brief description.
  - Letter of Intent:** In 250 words or less, describe the skills and experiences that merit the award of this scholarship. Explain how the internship will develop your communication skills to enhance public understanding of nutrition and food safety issues.
  - Completed **Application Form** due **Friday, February 15<sup>th</sup>, 2019.** Applicants will be notified by Monday, April 1<sup>st</sup>, 2019.

**Email all application materials to:**

Tamika Sims, PhD  
**E-mail:** [sims@ific.org](mailto:sims@ific.org)

***For inquiries:***

**Contact:** Tamika Sims and/or Ali Webster

**Phone:** (202) 296-1384 (Ali)

**Email:** [sims@ific.org](mailto:sims@ific.org) (Tamika) and [webster@ific.org](mailto:webster@ific.org) (Ali)

# Application Form

*Note: Please type your information in the following table-formatted boxes provided.*

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Name

US citizen:     Yes             No

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Address

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City, State

Zip

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Phone

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E-mail

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Major

Minor/Specialization

Undergraduate GPA: \_\_\_\_\_ of \_\_\_\_\_    Graduate GPA: \_\_\_\_\_ of \_\_\_\_\_

NOTE: Universities may vary in the grading system used. If your institution uses academic standards other than GPA, please describe them briefly in the space below and indicate your performance relative to this standard:

This internship may involve work experience in a corporate setting beyond the IFIC offices in the District of Columbia. Are you willing to travel out of state?

Yes \_\_\_\_\_    No \_\_\_\_\_

List all degrees held and expected:

Degree	Date completed/expected	Institution of study

List all sources of transcripts:


List all sources of letters of recommendation:

Name of Reference	Institution	Position	Relationship to applicant

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**To be completed by the Head of the Department or Program Chairperson of his/her current academic institution or work supervisor:**

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is an acceptable candidate for the Sylvia Rowe Fellowship and I have reviewed this application.

This student's/employee's goals, skills, and intent are applicable to this award.

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Full Name

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Signature

Date

**To be completed by the applicant:**

I hereby certify that all information provided in this application is true and correct. I further agree that if I withdraw from school during the tenure of this fellowship (if granted), that the unused balance is forfeitable to the IFIC Foundation, and I shall so notify the IFIC Foundation within 30 days of occurrence.

\_\_\_ Resume attached (check)

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Signature

Date Completed