



HULIAUAPA‘A

Faculty Recommendation Form

Wahi Kūpuna Internship Program (WKIP)

Summer 2024

TO THE APPLICANT: Fill in your information below before submitting to your recommender. This recommendation form should be completed by a faculty member, staff, or working professional who know you well. Make certain you discuss your internship plans with the recommender and provide them with your WKIP application materials and any further information requested. You should give your recommender at least 2-weeks prior to this Faculty Recommendation form deadline to give them ample time to write and submit your letter of recommendation.

Last Name

First Name

Middle Initial(s)

Mailing Address

Phone Number (cellphone)

Home

Email

TO THE RECOMMENDER: The student named above is applying for the 2024 Wahi Kūpuna Internship Program (WKIP). For more information about WKIP, please visit our website <https://www.huliauapaa.org/wkip>. To ensure both student and program success, we take great care in selecting students who demonstrate an interest in resource management and are open to new learning opportunities. Your recommendation is crucial in helping Huliauapa‘a select the most appropriate candidate for this years WKIP. If you have comments, questions, or concerns, please contact Huliauapa‘a directly, admin@huliauapaa.org.

❖ Please email this completed two-page recommendation form to Momi Wheeler, momi@huliauapaa.org, by March 31, 2024. Mahalo!

1. How long have you known the student and in what capacity?

2. Please describe the applicant in regards to their maturity, ability to work independently as well as part of a team.



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3. Please describe the applicant's personal qualities and social skills based on your interactions with them.

4. Please describe the applicant's academic or professional strengths and weaknesses (i.e. writing, research, and presentation skills, etc.)

5. Do you have additional comments in regards to this applicant? *(Please attach additional sheets, if necessary)*

This Faculty Recommendation form will be used for WKIP selection purposes only. This form will not be a part of the applicant's educational record and no references will be made for educational purposes after a decision is made for this year's WKIP selection.

Please complete the following information, sign, date, and submit this form via email to momi@huliauapaa.org

Name: _____

Title: _____

Department: _____

Institution/Work Place: _____

Phone: _____

Email: _____

Signature

Date