

**SCHOOL OF SCIENCE
 SCHOLARSHIP APPLICATION RECOMMENDATION**

402 N. Blackford Street LD 222
 Indianapolis, IN 46202-3276
 (317) 274-0625 Office
 (317) 274-0628 Fax

**Additional copies of this form available at:
<http://science.iupui.edu/admissions/scholarships>**

NOTE: Deadlines indicate the date materials must be received by the office, not postmarked.

STUDENT DATA (TO BE COMPLETED BY STUDENT) PRINT WITH BLACK INK OR TYPE – DO NOT USE PENCIL

Applicant: Complete the top section and pass the form on to the individual who will be recommending you.

NAME:

 Last First Middle

PERMANENT STREET ADDRESS:

 Number Street Apartment

 City State Zip Country

E-mail: _____

() _____ () _____
 Home Phone Number Cell Phone Number

Check the box by the scholarship(s) for which you are applying.

SCHOLARSHIP	DUE IN OFFICE	NUMBER OF RECOMMENDATIONS
<input type="checkbox"/> Barnwell Memorial	1/15	1
<input type="checkbox"/> D. J. Angus Sciencetech Educational Foundation	5/15	0
<input type="checkbox"/> Pre-Med Club	3/30 (12:00 p.m.)	1
<input type="checkbox"/> Dean of Science (First-Year Students)	2/1	2
<input type="checkbox"/> Dean of Science (Continuing Students)	5/15	2
<input type="checkbox"/> Health & Life Sciences (First-Year Students)	2/1	2
<input type="checkbox"/> Health & Life Sciences (Continuing Students)	5/15	2
<input type="checkbox"/> Women in Science	5/15	0
<input type="checkbox"/> School of Science Alumni Association Academic Achievement Scholarship	5/15	0

RECOMMENDATION (TO BE COMPLETED BY RECOMMENDER) PRINT WITH BLACK INK OR TYPE - DO NOT USE PENCIL

Recommender: Please complete this section and mail the form to the School of Science Dean's Office by the indicated deadline above. Note that form **MUST BE RECEIVED BY DATE INDICATED ABOVE.**

- I have known the applicant for _____ years in my capacity as _____
- Please rate the applicant on each characteristic in comparison with others at the same level by circling the appropriate number.

NO BASIS FOR JUDGEMENT WEAK BELOW AVERAGE AVERAGE ABOVE AVERAGE EXCEPTIONAL

A. Motivation for undergraduate studies	0	1 2	3 4	5 6	7 8	9 10
B. Ethical standards & integrity	0	1 2	3 4	5 6	7 8	9 10
C. Oral/written English expression skills	0	1 2	3 4	5 6	7 8	9 10
D. Ability to analyze ideas	0	1 2	3 4	5 6	7 8	9 10
E. Potential for success as a university student	0	1 2	3 4	5 6	7 8	9 10

- Please provide your candid assessment of why you believe the applicant will be academically successful as a university student. Cite specific examples to support your recommendation. You may attach an additional page if necessary.

Thank you for taking the time to help us make a decision regarding this applicant. At this time, please mail the form to the School of Science Dean's Office.

Signature of Recommender: _____ **Date:** _____

Recommender's Phone: _____ **Recommender's Email:** _____