

PLEASE ENSURE THIS FORM IS IN OUR OFFICE BY THE DEADLINE — NOT POSTMARKED.

SCHOLARSHIP APPLICATION RECOMMENDATION

IUPUI

IUPUI Office of Student Scholarships
 Enrollment Services
 425 University Boulevard, CA 103
 Indianapolis, IN 46202-5143

(317) 274-5516
 (317) 278-3292 FAX (Call to verify office receipt.)
 Additional copies of this form are available at www.iupui.edu/~scentral.
 PRINT WITH BLACK INK OR TYPE - DO NOT USE PENCIL

Note: Deadlines indicate the date materials must be received by the office.

Student Data (to be filled out by student)

Applicant: Complete the top section and pass the form on to the individual who will be recommending you. Note: Students who are not applying for one of the scholarships to the right, do not need to have a recommendation.

Name:

LAST FIRST MIDDLE

Permanent Street Address:

NUMBER STREET APARTMENT

CITY STATE ZIP COUNTRY

Telephone:

E-mail:

() HOME NUMBER () CELL NUMBER

SIGNATURE

I understand that by signing the above, I am waiving my right to view my recommendations.

Check the box by the scholarship(s) for which you are applying: NUMBER OF

SCHOLARSHIP	DUE IN THE OFFICE	RECOMMENDATION LETTERS
<input type="checkbox"/> Jonathan A. Carter Memorial Scholarship	3/15	1
<input type="checkbox"/> Robert E. Cavanaugh Scholarship	3/15	1
<input type="checkbox"/> Dean of Science Scholarship (Must have attached letter from faculty)	3/15	2
<input type="checkbox"/> Indiana Geology & Gem Society Scholarship	1/15	1
<input type="checkbox"/> IUPUI Geology Alumni Scholarship	1/15	1
<input type="checkbox"/> Health and Life Science Scholarship (Must have attached letter from faculty)	3/15	2
<input type="checkbox"/> Zora Neale Hurston- Mari Evans Scholarship	2/1	2
<input type="checkbox"/> Sam H. Jones Community Service Scholarship (Attach at least one letter verifying service activities)	3/1	2
<input type="checkbox"/> Frank G. and Ernestine M. Lambertus Scholarship	3/15	1
<input type="checkbox"/> Irving J. Levy Scholarship	3/15	2
<input type="checkbox"/> Sam Masarachia Scholarship	2/1	2
<input type="checkbox"/> Charles O. McGaughey Scholarship	3/15	1
<input type="checkbox"/> Math & Science Education Scholarship (One must be from a math or science teacher)	3/1	2
<input type="checkbox"/> Rotaract Altruism Scholarship (Must have attached letter from faculty)	3/15	1
<input type="checkbox"/> Senior Academy Academic Scholarship	3/1	2
<input type="checkbox"/> Senior Academy Returning-Student Scholarship (Must have attached letter)	3/1	1
<input type="checkbox"/> Teach Science – Noyce Scholarship	3/15 & 10/15	2

Recommendation (to be filled out by recommender)

Recommender: Please complete this section and mail the form to the Scholarship Office by the indicated deadline above.

Note that the form MUST BE RECEIVED BY THE DATE INDICATED ABOVE.

1. I have known the applicant for _____ years in my capacity as _____.

2. 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 educational 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 academic success	0	1 2	3 4	5 6	7 8	9 10

3. Please provide your candid assessment of why you believe the applicant has demonstrated leadership, character and/or academic excellence in either the university or a professional setting. Cite specific examples to support your recommendation. Please attach additional pages if needed.

Thank you for taking the time to help us make a decision regarding this applicant. At this time, please mail the form to the Scholarship Office. If you wish to FAX the document, please contact the office to verify receipt by calling 317-274-5516.

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

Recommender's phone: _____ **Recommender's email:** _____