

CALVIN COLLEGE

Physics and Astronomy Scholarships Recommendation Form

Applicant's Name: _____

Name of person completing this recommendation: _____

Relationship to the applicant: _____

How long have you known the applicant? _____

List the courses in which the applicant was your student: _____

A. Please rate the applicant in comparison to other college-bound students. Check the highest rating which applies in each criteria category.

Criteria	Top 5%	Top 10%	Top 25%	Top 50%
Intellectual Curiosity				
Independent Thinking				
Communication Skills: Written				
Communication Skills: Oral				
Acceptance of Responsibility				
Integrity				
Ability to Get Along with Others				
Conduct and Attitude				
Motivation and Initiative				

B. Please also include a short paragraph presenting information to support your estimate of the student's potential to major successfully in physics.

Signature: _____

Date: _____

Please return this form by **February 15, 2009** directly to: Scholarship Committee
 Department of Physics and Astronomy
 Calvin College
 1734 Knollcrest Circle SE
 Grand Rapids MI 49546-4403

Thank you very much.