



# TMS SCHOLARSHIP RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_

Material Advantage Student Member Number: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long have you known the scholarship applicant? \_\_\_\_\_

In what capacity are you familiar with the applicant's education and/or personal background? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Summary Evaluation

Compare applicant with a representative group of students who have had approximately the same amount of experience.

	Excellent (Upper 5%)	Above Average (Upper 10%)	Average (Upper 25%)
General academic ability			
Imagination and creativity			
Motivation and initiative			
Ability to work with others			
Potential to succeed in an engineering program			

### Comments

In 500-800 words, please comment on any aspect of the applicant's background, experiences, community involvement, etc., that will help the scholarship committee evaluate this individual.

By checking this box you confirm all this information is accurate.

**E-mail this form to the TMS Student Awards Program at [students@tms.org](mailto:students@tms.org), before the deadline.**

**SCHOLARSHIP DEADLINE: MARCH 15**