

## TMS Student Scholarship Recommendation Form

5700 Corporate Drive Suite 750 | Pittsburgh, PA 15237 USA | P: 1-724 776-9000 | F: 1-724-776-3770 | www.tms.org

Applicant Last Name	SUMMARY EVALUATION:
Applicant First Name	Compare applicant with a representative group of students who have had approximately the same amount of experience.
Material Advantage Student Member Number	General academic ability:
Name of Reference	☐ Excellent (Upper 5%)
Title	<ul><li>□ Above Average (Upper 10%)</li><li>□ Average (Upper 25%)</li></ul>
Address	Li Average (Opper 25 %)
City	Imagination and creativity:
	☐ Excellent (Upper 5%)
State	☐ Above Average (Upper 10%)
Zip/Postal Code	☐ Average (Upper 25%)
Country	
Telephone	Motivation and initiative:
E-mail	<ul><li>☐ Excellent (Upper 5%)</li><li>☐ Above Average (Upper 10%)</li></ul>
How long have you known the scholarship applicant?	☐ Average (Upper 25%)
	Ability to work with others:
In what capacity are you familiar with the applicant's education and/ or personal background?	☐ Excellent (Upper 5%)
	☐ Above Average (Upper 10%)
	☐ Average (Upper 25%)
	Potential to succeed in an engineering program:
	□ Excellent (Upper 5%)
	☐ Above Average (Upper 10%)
	□ Average (Upper 25%)

## **COMMENTS**

On a seperate sheet of paper 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 and supporting documents together to:

## **TMS Student Awards Program**

bsimpson@tms.org

Be sure to send these before the deadline.

**SCHOLARSHIP DEADLINE: MARCH 15**