

CONNECTICUT STEM FOUNDATION, INC.
SUMMER SCHOLARSHIP APPLICATION
SCIENCE TEACHER RECOMMENDATION

NAME of APPLICANT _____

To be filled out by your current science teacher. .

Please print and use blue or black ink.

Name _____ High School _____

Name of science course _____

Evaluate the student on each of the following traits using the following rating scale:

5 = outstanding
4 = above average
3 = average
2 = below average
1 = not observed

Trait	Rating
Is an independent learner/self-starter	
Exhibits sincere enthusiasm for science	
Goes beyond what the course/teacher requires	
Participates in science activities outside of classroom	
Is motivated primarily by love of science	

In the space below, describe each of the following:

- **The applicant as a person**
- **His/her performance in your class**
- **Why you think this applicant deserves the scholarship.**

Continue on the back of the sheet as needed.

Signature of Science Teacher

Date

Place recommendation in a sealed envelope, write your signature across the seal and return to the applicant for inclusion with the other application documents.

