

SAM FROSTMAN STEM SCHOLARSHIP EVALUATION FORM

Name of Applicant _____

To the Evaluator:

Scholarship applicants must submit an Evaluation Form when applying for a Sam Frostman STEM Scholarship from at least two qualified individuals. The Evaluation form must include your name, title, and contact information. The Evaluation Form must be received by April 19, 2024 and can be emailed to Susan Frostman at samfrostman@gmail.com or mailed to Dark Skies, P.O. Box 634, Westcliffe, CO 81252. If you are a community member you may also write a recommendation in letter format if you choose (instead of using this form).

1. How long have you known the applicant and in what capacity?

2. Please rate the applicant on the following in comparison with other students of the same level:

	Exceptional	Above Average	Average	Below Average	No information
General Academic Ability					
Motivation and Initiative					
Quality of Work					
Willingness to Learn					
Imagination and Creativity					
Dependability/Responsibility					
Social Skills/Leadership					
Potential to Succeed					

3. Compared to other students, I would rank this applicant in the top:

50% 25% 10% 5% 1%

4. Overall endorsement of applicant:

Highly Recommend Recommend Recommend with reservations

5. *Optional:* Please provide any additional comments about the applicant on a separate page. For example: Strengths and accomplishments, background and experiences, family responsibilities, extenuating circumstances and why you recommend this applicant for the scholarship. This will assist the committee in evaluating this applicant.

Printed Name	Title	Date
Email Address	Phone Number	