

Scholarship Application Noyce Scholars Program at Virginia Commonwealth University



Letter of Recommendation

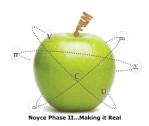
Two letters of recommendation must be provided. The letters need to come from a professor or advisor who are familiar with your accomplishments and is able to comment on your potential as a teacher who has a commitment to science or mathematics education in a high need middle or high school. A form for this letter is included in this packet. The letters of recommendation must be included in your application packet in signed, sealed envelope.

| Recommender's name: | | |
|----------------------------|-----------------|--|
| Relationship to applicant: | | |
| Phone number() | E-mail address: | |
| 2. Recommender's name: | | |
| Relationship to applicant: | | |
| Phone number () | E-mail address: | |

Deadline: February 25

Please send this completed application, including the letters of recommendation, personal statement, curriculum vitae or resume, and transcript to:

Dr. Elizabeth Edmondson Noyce Scholarship Teaching & Learning PO Box 842020 Richmond VA 23284-2020



Noyce Scholars Program at Virginia Commonwealth University



Confidential Recommendation Form

Place the completed form in the addressed and stamped envelope provided by the applicant. Be sure to seal the envelope and sign it across the seal before returning it to the applicant. Thank you for your assistance.

| Student's Name: | Evaluator's Name: | | | | | | |
|---|---------------------------------------|-------------------------------|-------------------------------------|------------------------------|------------------------------|--|--|
| Dear Evaluator: The above student has applied for a Noyce Scholarship at Virginia Commonwealth University. This scholarship is for future secondary teachers of science and mathematics who will be placed in high need schools. Please evaluate the above student and write any comments in the space provided. Thank you very much. | | | | | | | |
| How long have you known this student? | | | | | | | |
| The Family Education Rights and Privacy Act of 1974 and records. Students, however, are entitled to waive their signed statement is the applicant's wish regarding this relative my rights to inspect the contents of this reference I do not waive my rights to inspect the contents of the | rights of acce ecommendat ence, | ss concernir | | | | | |
| Signature | Name | | | | | | |
| Please carefully assess the applicant in the following are individuals you have known who have similar levels of e | experience and | | - | e the applica | ant to other | | |
| to be the second on the second | Superior | Good | Average | Poor | Unknown | | |
| Intellectual ability | | | | | | | |
| Ability to analyze a problem and formulate a solution | | | | | | | |
| Competence in applicant's field | | | | | | | |
| Self-reliance | | | | | | | |
| Leadership Creativity (Innovation | | | | | | | |
| Creativity/Innovation Motivation | | | | | | | |
| Self-discipline | | | | | | | |
| Cooperativeness | | | | | | | |
| Oral communication skills | | | | | | | |
| Written communication skills | | | | | | | |
| Initiative | | | | | | | |
| Reliability | | | | | | | |
| Comments: The Noyce Scholars Program is interested in obtaining realize that check-off items sometimes do not provide would like, we encourage you to provide additional co for seeking a Noyce Scholarship, and likely tenacity in attach an additional page. | you the oppo mments on th | rtunity to cl ne individua | naracterize the I's intellectual | applicant a capability, r | s fully as you notivation | | |

Signature of Evaluator:

Department/Organization:

Date:



Noyce Scholars Program at Virginia Commonwealth University



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|---|------------------------------|----------------|------------------------------------|------------------------------|------------------------------|--|--|
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| How long have you known this student? | | | | | | | |
| The Family Education Rights and Privacy Act of 1974 and records. Students, however, are entitled to waive their signed statement is the applicant's wish regarding this records. | rights of acce ecommendat | ss concernin | | | | | |
| I waive my rights to inspect the contents of this reference, I do not waive my rights to inspect the contents of this reference | | | | | | | |
| Signature | Name | | | | | | |
| Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education. | | | | | | | |
| | Superior | Good | Average | Poor | Unknown | | |
| Intellectual ability | | | | | | | |
| Ability to analyze a problem and formulate a solution | | | | | | | |
| Competence in applicant's field | | | | | | | |
| Self-reliance | | | | | | | |
| Leadership | | | | | | | |
| Creativity/Innovation | | | | | | | |
| Motivation | | | | | | | |
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attach an additional page.
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Department/Organization:

Date: