

**Indiana University of Pennsylvania**  
**Scholarships-Creating Opportunities for Applying Mathematics (S-COAM) Scholar Program**  
**Recommendation Form**

Student ID	Applicant's Name (Last, First, Middle Initial)	E-mail	Phone			
Name of Recommender		Title of Recommender				
The section below is to be completed by the recommender. Recommender should return to the S-COAM program in a sealed envelope with signature over the seal.						
The S-COAM Scholar Program encourages low-income students to enter programs in mathematics. S-COAM scholars will receive financial support based on their needs as well as the mentoring and networking opportunities in STEM disciplines. The person named above has applied to the S-COAM program and has asked you to evaluate her/his academic potential. Please help us assess the promise and motivation of this student by completing this form and returning it to S-COAM office. Thank you for your prompt cooperation.						
1. The applicant has taken:    ___ none of my classes    ___ one of my classes    ___ two or more of my classes						
2. Please rate the applicant in each attribute/skill listed below compared to other students with whom you have worked.						
Attributes/Skills	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis to Judge
Intellectual Ability	_____	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____	_____
Teamwork Ability	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Research Ability	_____	_____	_____	_____	_____	_____
Critical Thinking	_____	_____	_____	_____	_____	_____
Ability						
3. I would rank this applicant in the top ___% of the approximately ___ students I have taught within the last five years.						
4. What are the applicant's greatest strengths and weaknesses with regard to academics, research ability, or other characteristics relative to academic or career success?						
5. Recommendation concerning selection for the program (check one):  ___ Strongly Recommend    ___ Recommend    ___ Recommend with Reservations    ___ Do Not Recommend						

6. Please comment on the potential ability of the applicant in any areas you believe relevant to the program.

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommender's Name (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone : \_\_\_\_\_

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

\_\_\_\_\_

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