



**STREAMS Scholarship Program at  
University of South Florida St. Petersburg  
APPLICATION FORM 2011/2012 academic year  
Deadline: March 11<sup>th</sup>, 2011**



**Part 1 - Completed by applicant**

**Name:** \_\_\_\_\_  
Last, First Middle

I choose to have this recommendation treated as (check one):

CONFIDENTIAL (not open for my review)     NON-CONFIDENTIAL (open for my review)

If a box has not been checked, the recommendation will be treated as non-confidential.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part 2 – Completed by recommender**

The person whose name appears above is applying for a STREAMS (Supporting Talented and Remarkable Environmental And Marine Science Students) Scholarship (<http://www.stpt.usf.edu/streams/>). Your candid assessment of the applicant will greatly assist us in making a decision that is good for both the applicant and the Scholarship Program. We appreciate the time and effort you are making to provide us with this information.

1. Please define the nature of your relationship to the applicant. (check all that apply)

Professional     Academic     Other (Explain) \_\_\_\_\_

I have known the applicant for approximately \_\_\_\_\_ years; \_\_\_\_\_ months

In the case of faculty, list the courses the applicant took under your direction at \_\_\_\_\_

Course number	Course name	When taken	Grade

2. Please give us your appraisal of the applicant in terms of the qualities listed below.

	Top 5% Exceptional	Top 25% Above Average	Average	Lower 25%	Below Average	Not Observed
Integrity						
Motivation: willingness to work intensely toward goals						
Ability to work with others						
Ability to manage time wisely						
Analytical ability: problem recognition, structuring and solving						
Ability in oral expression						

(continued on the next page)

3. What do you consider to be the applicant's strengths or talents?

4. What do you consider to be the applicant's weaknesses or challenges?

5. How will this scholarship help the applicant realize his or her goals?

6. If you would like to provide an additional statement about the applicant's record, potential or personal qualities that will help us reach a decision please attach a letter to the back of this request form.

7. I  strongly recommend,  
 recommend,  
 recommend with reservations,  
 do not recommend that this applicant be granted the scholarship.

**Recommender's signature:** \_\_\_\_\_

**Recommender's name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Please send your completed recommendation letter to:  
Dr. Kathy Carvalho-Knighton  
STREAMS Program Director  
University of South Florida St. Petersburg  
140 7th Avenue South Terrace 407  
St. Petersburg, Florida 33701  
Phone (727) 873-4333  
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