

NATIONAL SOCIETY OF BLACK PHYSICISTS
SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE:

Circle One

NAME: _____ U.S. Citizen: Y N
(Last) (First) (Middle Initial)

SCHOOL CURRENTLY ATTENDING: _____

SCHOOL ADDRESS: _____

HOME ADDRESS: _____

TELEPHONE & FAX: School: _____

Home: _____

EMAIL: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF LAST DIPLOMA (High School, AA/AS, BA/BS, MA/MS): GPA: _____

PLEASE INCLUDE AN OFFICIAL TRANSCRIPT

SCIENCE & MATH COURSES TAKEN: _____

AWARDS & HONORS: _____

EXTRACURRICULAR ACTIVITIES: _____

ALL APPLICATION MATERIALS ARE DUE BY **FRIDAY, JANUARY 8, 2010**

National Society of Black Physicists
1100 N Glebe Road, Suite 1010
Arlington, VA 22201

PLEASE LIST THREE (3) REFERENCES (TEACHERS, COUNSELORS, TECHNICAL, PROFESSIONALS) WHO WILL SEND LETTERS OF RECOMMENDATION

NAME: _____

EMPLOYER _____

TITLE: _____

ADDRESS: _____

TELEPHONE _____ Email _____

NAME: _____

EMPLOYER _____

TITLE: _____

ADDRESS: _____

TELEPHONE _____ Email _____

NAME: _____

EMPLOYER _____

TITLE: _____

ADDRESS: _____

TELEPHONE _____ Email _____

BRIEFLY STATE YOUR ACADEMIC AND CAREER OBJECTIVES (Use one extra sheet, if necessary)

NATIONAL SOCIETY OF BLACK PHYSICISTS
SCHOLARSHIP AWARD RECOMMENDATION
CONFIDENTIAL

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TO THE APPLICANT: Deliver one to each of three persons who is acquainted with your academic and/or other record who can speak explicitly about your academic and nonacademic achievements and potential. You should supply a stamped envelope addressed to:

Scholarship Committee Chair
National Society of Black Physicists
1100 N. Glebe Road
Suite 1010
Arlington, VA 22201

Additional Information:
Phone: 703-536-4207
Fax: 703-536-4203
scholarship@nsbp.org

(Last) (First) (Middle Initial)

Current School Address

School Telephone _____ School Fax: _____
(Area Code + Number) (Area Code + Number)

EMAIL: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY
SIGNATURE IS OPTIONAL

The Family Educational Rights and Privacy Act of 1974, as amended, opens many student records, including letters of recommendation, for student inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of recommendation. You are not required to sign a waiver, either for admission or for the scholarship.

I hereby waive my right to access the recommendation and any appropriate attachments which have been written by _____ (name of Recommender). This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of fellowship or other financial aid, if applicable.

Name Date _____ Signature _____

ABOVE TO BE FILLED OUT BY APPLICANT ONLY
THE FOLLOWING TO BE COMPLETED BY RESPONDENT ONLY

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Please type or print all information on this form

Name of Respondent _____ Title: _____

Address: _____

The applicant is applying for a scholarship from the National Society of Black Physicists. The scholarship is primarily intended to provide African-American students with financial assistance while enrolled in a physics degree program.

Please complete the following items:

I have known the applicant for _____ years

I have known the applicant as _____ a student _____ an employee _____

other/specify _____

I have served as applicant's _____ teacher in several classes _____ teacher in only one class

other/specify _____

SUMMARY EVALUATION: Comparing the applicant with a representative group of students who have had approximately the same amount of training, how do you rate his/her GENERAL ALL-AROUND ACADEMIC ABILITY AND PROFESSIONAL PROMISE?

Below Average	Average	Somewhat Above Average	Good	Unusual Outstanding Exceptional	Inadequate Opportunity to Observe
Lowest 40%	Middle 20%	Next 15%	Next Highest 15%	Highest 10%	N/A

I recommend this applicant: _____ Enthusiastically, _____ Moderately, _____ Not at all

Supplementary remarks:

Please complete the last page to facilitate a thorough review of the applicant

A. _____ My preparation of this reference report is conditioned upon the promise of NSBP to hold my identity in confidence as the author of these comments

B. _____ My preparation of this reference report is not conditioned upon the promise of NSBP to hold my comments in confidence

Signature of the Respondent _____ Date

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SUPPLEMENTAL REMARKS:

In the space below, please describe the applicant's abilities and comment on his/her potential as a scientist, elaborating where appropriate, on such matters as versatility; ability to make sound judgments; major academic strengths and weaknesses, if any; performance by the applicant as a student in independent study; and any other characteristics you deem pertinent.

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