

Scholastic and Service Awards: List honors and other recognitions.

Are you employed? Give employer's name and job description.

Campus Activities: List organizations of which you are a member, offices held, and other pertinent information.

Community Involvement: List organizations, volunteer activities and appointments.

To which Teacher Education Program have you been admitted? Tell whether elementary or secondary and give the name of the institution, the name of the program director, and the expected date of completion.

Professional Aspirations: Discuss professional goals, reason for goals, and steps you anticipate to achieve those goals.

Necessary Forms Check-off List

These must be included or application will *not* be read.

Category A or B

____ Application for people in categories A or B.

____ Transcripts, including extension and summer classes.

____ Three recommendations, using enclosed forms only. (See final page of application). One must be from a college mathematics instructor, one from a college education department instructor, and the third of the applicant's choice.

For all categories, five collated and stapled copies of the complete application packet must be submitted.

Scholarship Or Grant Recommendation.

(Note: this form should be photocopied as needed. Three copies are needed by applicants in categories A and B).

_____ (applicant) is applying for a scholarship or a grant. Please assist the CMC-S Scholarship Committee by completing this form.

(For Your Information: With the passage of the Family Education Rights and Privacy Act of 1974, this recommendation is no longer confidential.)

PLEASE COMPLETE AND RETURN TO APPLICANT AS SOON AS POSSIBLE.

How long have you known this applicant? _____ In what capacity? _____

	Excellent	Good	Average	Poor	No Knowledge
Academic Performance					
Creativity					
Maturity					
Concern for Others					
Seriousness of Purpose					
Industry					
Initiative					

Additional Comments: Please type or word process. If desired, comments can be given on a separate piece of paper.

Signed _____ **Type or print name clearly** _____ Date _____

School _____ Address _____

Position _____ Phone _____ - _____ - _____ x _____
(Title and Department)