

**Application Form**  
**CTS Continuing Student Scholarship in Physics**  
**Indiana University South Bend**  
**For Support During Academic Year 2009-2010**

Please return this application to the address below, and ask two faculty members familiar with your work in college/university science or math classes to return rating sheets directly to the address below, by **February 13, 2009**.

CTS Scholarship Committee  
Dept. of Physics and Astronomy  
Indiana University South Bend  
1700 Mishawaka Avenue  
South Bend, IN 46634-7111

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Credit hours completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**ELIGIBILITY**

I understand that in order to receive this scholarship I must be enrolled full-time (at least 12 credit hours per semester) at IUSB during the 2009-2010 academic year, with a declared major in physics.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Applicant Rating Sheet**  
**CTS Continuing Student Scholarship in Physics**  
**Indiana University South Bend**

Thank you for taking the time to complete this rating sheet for the following student, who is applying for a CTS Continuing Student Scholarship in Physics at Indiana University South Bend. This CTS Scholarship provides at least \$500 of support for a full-time student beyond the freshman year who is majoring in physics.

Please return the completed rating sheet by **February 13, 2009**, to:

CTS Scholarship Committee  
Dept. of Physics and Astronomy  
Indiana University South Bend  
1700 Mishawaka Avenue  
South Bend, IN 46634-7111

Student name: \_\_\_\_\_

Using the following legend, please circle the appropriate number as your overall rating of this student in the following areas.

**1 – poor    2 – fair    3 – good    4 – excellent    5 – exceptional    UC – unable to comment**

1 2 3 4 5 UC    **Intellectual ability**

1 2 3 4 5 UC    **Knowledge of science**

1 2 3 4 5 UC    **Problem solving ability**

1 2 3 4 5 UC    **Communication skills**

1 2 3 4 5 UC    **Work habits**

In the space below or on a separate sheet, please give your opinion of the applicant's potential for success as a physics major at Indiana University South Bend.

Name of person completing this form: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_