

**Application Form**  
**CTS Freshman Scholarship in Physics**  
**Indiana University South Bend**  
**For Students Beginning at IUSB During Academic Year 2009-2010**

Please return this application, the required essay, and a copy of your high school transcript to the address below by **January 30, 2009**. In addition, ask two references familiar with your work in high school science or math classes to return applicant rating sheets directly to the address below by **January 30, 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 (optional): \_\_\_\_\_

Your high school: \_\_\_\_\_

High school activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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*

**ESSAY**

Please submit a typed, double-spaced, 300 to 500 word essay on the following topic:  
*My goals in studying physics at IU South Bend.*

**COUNSELOR INFORMATION** (to be filled out by your high school guidance counselor)

Class Rank: \_\_\_\_\_ SAT/ACT Scores: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Applicant Rating Sheet**  
**CTS Freshman 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 Freshman Scholarship in Physics at Indiana University South Bend. The CTS Freshman Scholarship provides at least \$1000 of support during the freshman year. Recipients of the CTS Freshman Scholarship who continue as physics majors in good academic standing at IUSB will be eligible for CTS Continuing Scholarships, which provide at least \$500 of support.

Please return the completed rating sheet by **January 30, 2009**, to:

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

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

High school: \_\_\_\_\_

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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