**Computer Science Scholarship Application**

**(Please turn in the completed application to the Computer Science Department in PE 413)**

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

Last First Middle

Global ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year admitted to CMU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current class standing: \_\_\_\_\_\_\_ Freshman \_\_\_\_\_\_\_ Sophomore \_\_\_\_\_\_\_ Junior \_\_\_\_\_\_\_ Senior

Class standing as of next Fall: \_\_\_\_\_\_\_ Freshman \_\_\_\_\_\_\_ Sophomore \_\_\_\_\_\_\_ Junior \_\_\_\_\_\_\_ Senior

Total college credits completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total CPS credits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA in Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High school(s) attended From (Month/Year) To (Month/Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Universities/Colleges attended From (Month/Year) To (Month/Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

19. List the names of people who are writing letters of recommendation for you:

Name Position Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any activities that you are involved in that promote Computer Science/Information Technology/Cybersecurity.

Please list the names of the scholarship(s) you are applying for.

To complete this application please include an unofficial transcript from CMU, as well as transcripts from any other higher education institution you have attended, and a 1 page written statement of your thoughts on the use of computer science in the future.

**LETTER OF RECOMMENDATION FORM**

Computer Science Department

Central Michigan University

Pearce Hall 413

Mount Pleasant, Michigan 48859

**The applicant should complete Part A. The recommender should complete Parts B, C and D and return recommendations to the Computer Science Department. Pearce Hall 413.**

**PLEASE TYPE OR PRINT CLEARLY**

**PART A: Applicant information - to be filled out by applicant**

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

Global ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT Note: The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The Law also permits the student to sign a waiver relinquishing his right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Respondent's name) (Department/School)

I am applying for a Computer Science Scholarship Award in the Computer Science Department and would appreciate you submitting a letter of recommendation on my behalf. I have taken the following courses from you:

Course taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B: Rating Student Traits - to be filled out by respondent**

\_\_\_\_\_ Know very well from a professional perspective

\_\_\_\_\_ Know fairly well through classroom and/or office contacts

\_\_\_\_\_ Have general acquaintance

\_\_\_\_\_ Do not know very well

Please rate this individual with respect to other students of comparable age and experience by PLACING A CIRCLE around the number following each characteristic.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor | Do Not Know |
| 1. Personality | 1 | 2 | 3 | 4 | X |
| 1. Attitude | 1 | 2 | 3 | 4 | X |
| 1. Maturity | 1 | 2 | 3 | 4 | X |
| 1. Initiative | 1 | 2 | 3 | 4 | X |
| 1. Subject Matter | 1 | 2 | 3 | 4 | X |
| 1. Dependability | 1 | 2 | 3 | 4 | X |
| 1. Communication Skills | 1 | 2 | 3 | 4 | X |

**PART C: Letter of Recommendation- to be filled out by respondent**

Please attach a letter of recommendation to include the ability and promise of this student. What sort of future contributions would you anticipate her/him making to Computer Science? Why is this student deserving of the award?

**PART D: Respondent Information - to be filled out by respondent**

Respondent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_