To the applicant: Please give this form to the person who will complete your Faculty Nomination for this scholarship application. Under the provisions of the Family Educational Rights of Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see recommendations. Please indicate below by marking the appropriate box and signing your name whether or not you wish to waive this right.

___ I waive ___ I do not waive any right of access that I may have to this recommendation form.

(Date) (Print Name) (Applicant’s Signature)

To the reference: The above person has applied for an SEA/Five College Consortium Scholarship to help defray expenses for a SEA Semester program. SEA Semester is a rigorous, academic, off-campus program leading to a comprehensive understanding of the sea and is designed to form a regular part of the general undergraduate education of college students.

The SEA/Five College Consortium Scholarships are awarded to students who have achieved outstanding academic success in their studies. There is one of the above described competitive merit-based $5,000 scholarships available for each of our 6 college programs per year.

Your thoughtful responses to the questions below will be most helpful.

1) How long have you known the applicant?
   In what capacity?

2) Please describe the applicant as a student, commenting on grades, research, academic experiences, strengths, effort, etc.
3) Please comment on the applicant’s intellectual curiosity.

4) In your opinion, what else qualifies this student to receive a “Five College Consortium Scholarship” for SEA Semester?

Signature______________________________________________________________________
Name (Please Print) _____________________________________________________________
Title/Position___________________________________________________________________
Academic Unit/Department________________________________________________________________
College/University______________________________________________________________________________
Address______________________________________________________________________________
Would you like information on SEA’s programs? ___________________________

Please mail to:       Financial Aid Office       (508) 540-3954; (800) 552-3633
       Sea Education Association (SEA)        FAX: (508) 540-0558
       P.O. Box 6                              E-Mail:vland@sea.edu
Woods Hole, MA 02543

www.sea.edu

THANK YOU!!