Nomination for SEA/Salish Sea Expeditions Scholarship

This scholarship is awarded to an outstanding student who has completed an expedition with Salish Sea Expeditions in Puget Sound, WA.

To the applicant: Please give this form to the person who will complete your 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 student is applying for a SEA/Salish Sea Expeditions Scholarship to help defray expenses for a SEA High School Summer Seminar. SEA high school programs offer a rigorous, academic experience in which students study the oceans both onshore and at sea aboard sailing research vessels.

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 strengths, effort, intellectual curiosity, etc.
3. Please describe the applicant as a community member, commenting on leadership skills, participation, etc.

4. In your opinion, what else qualifies this student to receive a SEA/Salish Sea Expeditions Scholarship for a SEA high school program?

Name (Please Print) ________________________________________________
Signature_________________________________________________________
Title/Position_________________ Academic Unit/Department_______________
School___________________________________________________________
Address__________________________________________________________
Phone ______________ Email Address ________________________________

Would you like information on SEA’s programs? ____

Please return completed form to:

Financial Aid Office – SEA
PO Box 6, Woods Hole, MA 02543
Phone: (800) 552-3633, Fax: (508) 540-0558
E-Mail: financialaid@sea.edu
www.sea.edu

THANK YOU!