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 Presidential 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 Presidential Scholarship is awarded to an outstanding student who has demonstrated strong leadership skills and has shown service to his/her community or school. The recipient must also have achieved outstanding academic success in his/her studies.

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, strengths, effort, intellectual curiosity, etc.

3) Please describe the applicant's participation in your academic community and environment.
4) Has the applicant demonstrated leadership skills? Describe/explain/qualify.

5) Has the applicant demonstrated a commitment to his/her community or school? How?

6) In your opinion, what else qualifies this student to receive a Presidential 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
Sea Education Association (SEA)
P.O. Box 6
Woods Hole, MA 02543

(508) 540-3954; (800) 552-3633
FAX: (800) 977-8516
E-Mail: financialaid@sea.edu
home page: www.sea.edu

THANK YOU!!