

# CIRM SPARK PROGRAM

## RECOMMENDATION FORM

Please complete this recommendation form and return it to the applicant or to [groupmihsoutreachprogram@cshs.org](mailto:groupmihsoutreachprogram@cshs.org) by 5 pm on Friday March 11th (by email, please include applicant's name and "CIRM SPARK Program" in the subject line)

**Applicant's Name:**

**Name of Evaluator:**

**Evaluator's Title:**

**High School/Institution:**

**High School Address:**

**Telephone:**

**Email:**

1. How long have you known the applicant?
2. In what capacity?
3. Evaluation:

	<b>Below Average</b>	<b>Average</b>	<b>Excellent</b>	<b>Outstanding</b>	<b>No basis for Judgment</b>
Energy and initiative					
Ability to work independently					
Ability to work in a group					
Fulfills goals					
Works to capacity					
Oral expression					
Written expression					
Originality					
Social maturity Dependability					
Self-confidence					
Disciplined work habits					

4. In an attached letter (not to exceed 1 page) please provide additional comments that will help us to assess this applicant. Areas that might be addressed include:
  - The benefits you feel the applicant would receive from this program and what he or she might contribute
  - Personal qualities of the applicant that might particularly recommend him or her for this program
  - Any necessary explanation, if the student's academic record does not seem to accurately reflect his or her abilities.

Signature:

Date: