OMB Control #0648-XXXX Expires: XX-XX-20XX

National Oceanic and Atmospheric Administration Undergraduate Scholarship Programs

Voluntary Reference Form

Professor								
completing form:	(Last Name)	(First Name)				(Middle Name)		
Applicant:								
7 .pp	(Last Name)	(First I	Vame)			(Middle Name	=)	
How long and	d in what association have you	ı known tl	ne applica	nt?				
			ю арріїоа					
Compared to	other students of comparable	age and	experience	e you hav	ve known	in the last fiv	e years,	
	ou rate the applicant with resp						•	
		Below Average	Average	Good	Very Good	Exceptional	No Basis for Judgment	
Motivation and p	persistence toward a productive career							
Imagination and	originality of thought							
Ability to work w	rith others							
Independence a								
Leadership pote								
	amental knowledge in field							
	unicate (written/oral)	П		П		_	П	

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Office of Education, Educational Partnership Program, Undergraduate Scholarship Program in order to promote the education and training of students in NOAA sciences. The information contained in this application will be used to select undergraduate students. The information on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 8 hours per application including the time for reviewing the instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to NOAA Office of Education, Educational Partnership Program, 1315 East-West Highway, Silver Spring, MD 20910.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

Add any descriptive comments that will assist in providing a complete picture of the applicant's abilities.							
COMMENTS:							
Signature:	Date:						
Typed/Printed Name:	Title:						
Department:	Institution/Organization:						
Telephone:	F-Mail:						

Mail application, transcripts, and completed reference forms by February 9, 2008, to:

NOAA/Hollings Scholarship Program Office of Education 1315 East West Highway, Room 10703 Silver Spring, Maryland 20910