

COLORADO SCIENTIFIC SOCIETY — MEMORIAL FUNDS RESEARCH GRANT

APPRAISAL OF APPLICANT

1. Name of Student _____
Please print

2. Name of Referee _____
Please print

3. Address of Referee _____

4. Ranking of applicant versus other graduate students you have known.

lower 50% _____ upper 50% _____ upper 25% _____ upper 10% _____ upper 5% _____

5. Did idea for project originate from student? Yes _____ No _____ If partly, give percent of student's contribution _____%

6. Has student acquired or applied for funding from any other source? Yes _____ No _____

7. Brief evaluation of candidate (Comments on significance and practicability of proposed research would be helpful).

8. If you are recommending more than one applicant, please rank them and provide qualifying statements as appropriate. This information is valuable in aiding the committee's deliberations. Note that the committee does not apply a quota system and that all applicants have the same chance for support. Equal rankings are rare and of little use, and we urge you to give a statement as to the individual student's strengths and weaknesses.

Signature of Referee

Date

Note: Confidentiality of this form may be preserved by returning it in a separate, sealed envelope to be mailed along with the student's application.