



## Davidson Fellows Scholarship Nominating Form

This is a sample nominating form; these are the questions that will be asked of your nominators. This sample is for informational purposes but does reflect the questions in the online form.

Applicants - please take the questions on this sample form into consideration when selecting nominators.

Nominators - please note this sample form is for informational purposes only, please do not submit this sample form. The online version of this form will be sent to you as soon as the applicant fills out the preliminary portion of the Davidson Fellows application, note paragraph below. (The email will be sent from fellowsapps@davidsongifted.org.)

The process will be as follows: Nominators will be emailed a link to the online nominating form after the applicant fills out the preliminary portion of the Davidson Fellows application via the online application.

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Applicant's Name \_\_\_\_\_ Email \_\_\_\_\_

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### Nominator

(Check One:  Ms.  Mrs.  Mr.  Dr.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone (     ) \_\_\_\_\_ Office Phone (     ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_

What is the best time to call you if we need to discuss the applicant's work on this project:  
\_\_\_\_\_ Time Zone:  Eastern  Central  Mountain  Pacific

I have known the applicant as:  a student  a protégé in a mentoring relationship  Other  
\_\_\_\_\_.

I have known the applicant for \_\_\_\_\_ years and/or \_\_\_\_\_ months.

When was the last time you were in frequent contact with the applicant?

\_\_\_\_\_



How would you rate the applicant's submission for the Davidson Fellows Scholarship in the following areas?

	Below Average	Average	Good	Excellent	Unable to Rate
Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Importance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the applicant on the following characteristics, as they relate to his/her work on this submission:

	Below Average	Average	Good	Excellent	Unable to Rate
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expression of Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please answer the following questions:

- How did the applicant get the idea for his/her submission?
- How independently did the applicant work on the piece(s) being submitted and to what extent is the work the applicant's?
- What was your role in the development of the work?
- What are the strongest aspects of this work? What are the weakest?
- Do you believe this work represents extraordinary achievement? Why or Why Not?

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**Attestation**

I attest that to the best of my knowledge, all of the information stated on this form and in my typed answers is accurate and true.

Nominator \_\_\_\_\_ Date \_\_\_\_\_

Please contact [DavidsonFellows@DavidsonGifted.org](mailto:DavidsonFellows@DavidsonGifted.org) or 775-852-3483 ext. 423 with questions.

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