COLLEGE OF APPLIED SCIENCE AND TECHNOLOGY

**Student Information Form**

**for**

**Larry R. Miller Scholarship Nominees**

**Directions:**

You have been nominated for the Larry R. Miller Scholarship. **Recipients are awarded $1,500 to apply toward college expenses.** Please complete the following information and provide two letters of recommendation from full-time faculty or staff members within the College. You will find a list of guidelines for faculty/staff recommendations attached to this form.

Your information form and letters of recommendation must be returned to the College office at Turner 103, Campus Box 5000, no later than **Friday, March 15, 2024**. If your materials are not submitted by that date your name will be withdrawn from eligibility. An award may be given each year, but will be given only when the caliber of the student nominees are of sufficient excellence to warrant the award. A student is eligible to win more than once.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of hours at ISU at the end of the preceding fall semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall cumulative grade point average: \_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee's Major Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. List two full-time faculty or staff members within the College who are willing to provide a recommendation for you.

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

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II. List responsibilities and contributions made to:

 A. Department/School

 B. College of Applied Science and Technology

 C. University

III. List other campus activities in which you have participated.

IV. List community activities in which you have participated.

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V. List academic papers, literary works, projects, constructions, performances, portfolios, programs, internship activities, or any other activity that would be useful to the committee and show evidence of your accomplishments. **Do not list papers, projects, performances, etc., that are prepared as part of normal academic course requirements, unless they have received recognition outside the classroom.**

VI. List and describe internships and other professional activities done during your

 college career.

VII. Additional Comments - Please include any additional comments that you wish to make on a separate, attached sheet.

VIII. University policy requires that a student's signature be obtained before the release of the student's transcripts. We, therefore, ask that you sign the following statement.

"I hereby give permission to the CAST Awards Committee to obtain my transcripts if this is necessary for the evaluation of the information in this form."

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 University ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to Turner Hall 103/CAST 5000 or email to** **tmfowle@ilstu.edu****. Submissions due on or before March 15th at 4:00pm.**