



**ROBERT NOYCE TEACHER SCHOLARSHIP APPLICATION**  
**Confidential Recommendation Form**

**Candidate's Name:** \_\_\_\_\_

**Evaluator's Name:** \_\_\_\_\_

Dear Evaluator,

The Noyce Committee depends on and appreciates your careful appraisal of the candidate's potential as a teacher in a "high need school." Please indicate your assessment of the applicant by placing a check mark in the appropriate box. In the comment box below, please include additional information about the candidate you deem relevant to our selection process. Your recommendation should be as specific as possible.

Rating	Academic Performance	Potential as a Teacher	Collaborative Skills	Perseverance	Public Speaking and Communication Skills
Outstanding					
Excellent					
Good					
Fair					
Poor					
No chance to Observe					

**Comment Box:** Based on your knowledge of the candidate, why do you think this person will or will not be a good recipient for this scholarship? Please explain your response.

\_\_\_\_\_  
Signature of the Evaluator

\_\_\_\_\_  
Department/Organization

\_\_\_\_\_  
Date

For additional information on the CSU, Stanislaus ROBERT NOYCE TEACHER SCHOLARSHIP PROGRAM, visit <https://www.csustan.edu/msti/robert-noyce-teacher-scholarship-program> or contact Dr. Björg Jóhannsdóttir at [bjohannsdottir@csustan.edu](mailto:bjohannsdottir@csustan.edu).