



*This is a sample form for reference, not submission.*

## 2026 Davidson Fellows Scholarship SAMPLE Nominating Form

**Note:** Family members may not serve as nominators.

Nominator form deadline: Wednesday, February 18, 2026, 11:59 p.m. Pacific Time.

### 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(s) as:  a student  a protégé in a mentoring relationship  Other

\_\_\_\_\_.

Did you work with the applicant(s) through a paid program/mentorship?

YES If yes, which program/mentorship and in what capacity? \_\_\_\_\_

NO

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

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

\_\_\_\_\_



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"/>				
Comprehensiveness	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Design	<input type="checkbox"/>				
Importance	<input type="checkbox"/>				
Interpretation	<input type="checkbox"/>				
Validity	<input type="checkbox"/>				
Field Knowledge	<input type="checkbox"/>				

Please evaluate the applicant(s) 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"/>				
Creative Thought	<input type="checkbox"/>				
Disciplined Work Habits	<input type="checkbox"/>				
Independence	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Motivation	<input type="checkbox"/>				
Resourcefulness	<input type="checkbox"/>				
Confidence	<input type="checkbox"/>				
Expression of Ideas	<input type="checkbox"/>				



**Please answer the following questions:**

- How did the applicant(s) get the idea for his/her/their submission?
- How independently did the applicant(s) 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 (please type name) \_\_\_\_\_ Date \_\_\_\_\_