



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"/> | <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(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"/> | <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(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 _____