

# MSSM

THE MAINE SCHOOL OF  
SCIENCE AND MATHEMATICS

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[www.mssm.org](http://www.mssm.org)

## **Application 2010**

**95 HIGH STREET  
LIMESTONE, ME 04750  
207-325-3322 ext 1001  
207-325-3340 (fax)  
[www.mssm.org](http://www.mssm.org)**

**Pamela Perkins, Director of Admissions  
[perkinsp@mssm.org](mailto:perkinsp@mssm.org)**

## Four Steps to the Admissions Process

**Select a Review Date:** Applications are reviewed at three priority review deadlines: December 15<sup>th</sup>, February 15<sup>th</sup> and April 15<sup>th</sup>. A certain number of spaces are held open during each review date. Applications not selected during the chosen review date will be carried over into the next pool of applicants. Submitting applications early will ensure its eligibility for review and early selection. After April 15<sup>th</sup>, applications are considered on a rolling basis and as space allows.

**Testing:** Applicants who wish to be considered for Priority Review need to register for standardized testing and required IQ and entrance testing two months prior to MSSM's review deadline to ensure that scores are received in our office in time. Additional registration information is available in any high school guidance office as well as online at [www.collegeboard.com](http://www.collegeboard.com). IQ and entrance examinations occur during Open Houses on the MSSM campus.

**Personal Interview and Campus Visit:** As part of the application process, all applicants are required to visit the campus. To schedule a visit and/or to register to attend one of our Open Houses, please contact the admissions office. After an application is received in the office, you will be contacted to complete a personal interview with the Admissions Director.

**Selection of Finalists:** The selection committee consists of various members of the MSSM community which may include faculty, staff, administrators and alumni. The committee thoroughly reviews each applicant's essays, special accomplishments, transcripts, recommendations, and test scores. Applicants are evaluated in the following areas: motivation, evidence of commitment to learning, intellectual ability, academic accomplishment, leadership and social skills, communication, and overall potential for success at MSSM. The selection committee will make selections and create a list of alternates. Students who are placed on the alternate list will continue to be considered for admission at each priority review and on a rolling basis.

## Instructions for Applicants

**(Home-schooled applicants should contact the admissions office for specific instructions)**

1. Complete the enclosed application. It is also available for download on our website at [www.mssm.org](http://www.mssm.org). Ask your parent or legal guardian to complete the Family Supplement.
2. Applications are given priority review three times annually; **December 15<sup>th</sup>, February 15<sup>th</sup>, and April 15<sup>th</sup>**. Applications received after priority review dates will only be considered on a rolling basis and as openings become available. Send your application to:

**The Admissions Office  
Maine School of Science and Mathematics  
95 High Street  
Limestone, ME 04750**

*Please keep a copy of your completed application for your records.*

3. Register to complete your standardized and IQ testing as soon as possible. **PLEASE NOTE** – In registering for SAT or PSAT testing, be sure to use the **MSSM Code 3513 (SSAT code 4790)** in the four-digit space for reports to colleges and scholarship programs. This code will ensure that your scores will be sent to MSSM in a timely manner. Only those schools registered as testing sites administer the SAT. If you have problems finding a testing site near your home, please call the MSSM Admissions Office. IQ testing can be arranged individually or by attending one of MSSM's Open Houses.
4. Provide recommendation forms to teachers from the following disciplines: math, science, and English. Additional recommendation forms are optional and may be completed by a teacher, activity advisor, coach or community leader of your choice.
5. Ask your guidance counselor to complete the Guidance Counselor's Recommendation Form supplied in this booklet.
6. Request an official transcript from your guidance office which includes:
  - a cumulative record of your current and most recent complete school year
  - educational records for the past calendar year

- copies of IEP or 504 Plan

## **Cost and Financial Assistance**

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Maine residents do not pay tuition to attend the Maine School of Science and Mathematics, but are required to pay for room and board which is set annually by the Board of Trustees.

Other miscellaneous fees may be charged as required.

MSSM invites applications from non-resident and international students. Students from outside the state of Maine are responsible for all tuition costs which are set annually by the Board of Trustees.

## **Key Contacts for Potential Students and Families**

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The following MSSM families and alumni are available to speak with prospective students and their families. Please feel free to contact them with your questions or visit the MSSM Parents Association website at [www.mssmvoice.org](http://www.mssmvoice.org)

### **Parents**

Barbara Taylor  
Parent of Samuel Critchlow, '01  
Peaks Island, ME 04108  
(207) 766-4486

Patricia and Richard Ryder  
Parents of Pearl, '03  
Ellsworth, ME 04605  
(207) 667-4080

Delores Toothaker  
Parent of Jon, '02; Nicholas, '06  
& Chris '08  
Brunswick, ME 04011  
(207) 373-0636

Jay and Janet Ramey  
Parents of Greg, Current  
Rumford, ME 04276  
(207) 364-3987

Donna Lerman  
Parent of Jenna Marcus, '04  
Augusta, ME 04330  
(207) 623-6358

Steve and Beth Symonds  
Parents of Renee '09  
[Symonds@roadrunner.com](mailto:Symonds@roadrunner.com)  
Belgrade, ME 04917  
207-495-3355

### **Alumni**

John T. Giblin, Jr (Thom) '99  
Brunswick, ME 04011  
Home Phone: 207-751-1736  
School Phone: 401-863-3611  
Email: [jtg@het.brown.edu](mailto:jtg@het.brown.edu)

Nicole Grohoski '01  
Ellsworth, ME 04605  
Home Phone: (207) 667-8333  
School Phone: (802) 443-6248  
Email:  
[ngrohosk@middlebury.edu](mailto:ngrohosk@middlebury.edu)

Bill Belanger '03  
Caribou, ME 04736  
Home Phone: (207) 492-7730  
School Phone: (506) 536-0092  
Email: [wjblngr@mta.ca](mailto:wjblngr@mta.ca)

Jason Karl Davis '04  
Bridgewater, ME 04735  
Home Phone: (207) 429-8591  
School Phone: (401) 867-6383  
Email: [Jason\\_Davis@brown.edu](mailto:Jason_Davis@brown.edu)

Sarah Benjamin '09  
95 Main Street South  
Searsmont ME 04973  
Home Phone: (207) 342-2929  
Email: [benjamin@fairpoint.net](mailto:benjamin@fairpoint.net)

Ian Curtis '09  
45 Cannes Beach Road  
Owls Head ME 04854  
Home Phone: (207) 759-4005  
Email: [mcurtis@midcoast.com](mailto:mcurtis@midcoast.com)

## Open House Dates

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Sunday, October 11 & Monday, October 12, 2009  
Sunday, November 15 & Monday, November 16, 2009  
Sunday, January 17 & Monday, January 18, 2010  
Sunday, February 28 & Monday, March 1, 2010  
Sunday, March 14 & Monday, March 15, 2010

**Registration required** by calling 207-325-3322 ext. 1001

## Checklist for MSSM Admission Process

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*Priority Admissions Review – December 15, 2009; February 15, 2010; April 15, 2010*

- Application Form
- Family Supplement (**Parent/Legal Guardian Statement**)
- Completed SAT, PSAT, SSAT and MSSM Exams
- Guidance Counselor's recommendation and letter
- Middle and/or High School transcript as well as educational records for the past calendar year
- Three recommendations and letters from current Mathematics, current Science and current English teachers

## **Equal Opportunity Information**

State Government policy prohibits discrimination based on race, sex, color, creed, religion, national origin, age or disability. The sole purpose of gathering this information is to ascertain the effectiveness of recruitment efforts in reaching all segments of the population. MSSM programs, services and activities are accessible to all individuals.

# MSSM

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[www.mssm.org](http://www.mssm.org)

A Residential Community of Academic Excellence

### Admission Application 2010

No Application Fee

95 HIGH STREET, LIMESTONE, ME 04750

(207) 325-3303 • Fax (207) 325-3340

[www.mssm.org](http://www.mssm.org)

#### PERSONAL DATA (all questions must be completed)

*Please print or type*

Priority Review:  December 15  February 15  April 15

Legal Name: \_\_\_\_\_  
First Middle Last

Nickname: \_\_\_\_\_  Male  Female

Mailing Address: \_\_\_\_\_  
Street Name and Number or PO Box

City State County Zip

Street Address (If different): \_\_\_\_\_  
Street Name and Number

City County State

Home Phone: (\_\_\_\_) \_\_\_\_\_ Student E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Are you a US Citizen?  Yes  No State of Maine Resident?  Yes  No

School presently attending: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

Address: \_\_\_\_\_ School Phone # \_\_\_\_\_

#### FAMILY DATA

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Married  Parents Separated  Parents Divorced  Father Deceased  Mother Deceased  Other

When will you be taking the SAT PSAT Date \_\_\_\_\_ Site \_\_\_\_\_

To ensure your scores are forwarded to MSSM use the MSSM code #3513 for the SAT & PSAT

How did you first hear about the Maine School of Science and Mathematics?  
\_\_\_\_\_

Have you attended the MSSM Summer Camp Program? If so, when/what dates: \_\_\_\_\_

Have you met with an MSSM Representative? if Yes, Where \_\_\_\_\_ When \_\_\_\_\_  No

In the space provided below please share any special dietary, physical or emotional needs that MSSM should know about.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any learning difficulties? Yes please explain \_\_\_\_\_ No

Do you currently or have you ever had an IEP or 504 Plan? Yes, please forward copies to MSSM No

The items in this section are optional. No information you provide will be used in a discriminatory manner.

Language spoken at home: \_\_\_\_\_

First language, if other than English: \_\_\_\_\_

If you wish to be identified with a particular ethnic group, please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> African American, Black                                   | <input type="checkbox"/> Mexican American, Chicano   |
| <input type="checkbox"/> Asian American (country of family's origin _____)         | <input type="checkbox"/> White or Caucasian  |
| <input type="checkbox"/> Native American, Pacific Islander                         | <input type="checkbox"/> Hispanic, Latino (country _____)  |
| <input type="checkbox"/> Asian, including from Indian Subcontinent (country _____) | <input type="checkbox"/> Native American, Alaskan Native (tribal affiliation _____ enrolled _____) |
| <input type="checkbox"/> Puerto Rican  | <input type="checkbox"/> Other (Specify _____)   |

City State Country

### APPLICATION QUESTIONS AND ESSAYS

The essay portion of the application recognizes the important role you will play as an individual member of our community. This is where we get a sense of you as a distinct individual. Please consider this an opportunity to share what you think is most important about yourself. Please respond to the following on separate sheets of paper.

- Briefly list or describe any extracurricular activities you have been involved in, including the dates of participation.
- Briefly list or discuss any honors, awards, or special recognitions you have received including the dates awarded.
- Please discuss something you are passionate about and why.
- F. Scott Fitzgerald begins his novel, *The Great Gatsby*, with a quote deeply important to its narrator, Nick Carroway, a young man going to New York in order to make his fortune in the 1920s. Carroway relates the advice of his father: "Whenever you feel like criticizing anyone... just remember that all the people in this world haven't had the advantages that you've had." Carroway's father argues that people who have been given advantages due to class, education and/or wealth have more of an obligation to serve others. In a well written, typed essay of 350 - 500 words that uses reading, current events, or personal experience, please defend or refute this statement.

*The information given herein is true and accurate. If the applicant is accepted for admission to the Maine School of Science and Mathematics, we agree to adhere to rules and regulations now in existence and those that may be established in the future by the school. We agree to permit information in this application and other records resulting from applying to and attending the school to be made available on a confidential basis to the applicant's home school, other educational institutions, and for MSSM-approved research purposes. All application documents are retained by the MSSM. Unless otherwise directed, the MSSM reserves the right to release any accepted applicants name and home town to legislators and the media.*

\_\_\_\_\_  
Parent/Legal Guardian Signature / Date

\_\_\_\_\_  
Applicant Signature / Date

# MSSM

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### ***FAMILY SUPPLEMENT***

95 HIGH STREET, LIMESTONE, ME 04750

(207) 325-3303 • Fax (207) 325-3340

www.mssm.org

The selection of applicants for admission to the Maine School of Science and Mathematics is based upon information from the student, the school and other sources. Your careful consideration and response to the following questions may help us determine whether the program at MSSM is suited for the applicant's needs and academic goals. Please use additional sheets if necessary. **ALL INFORMATION IS CONFIDENTIAL**

Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **FAMILY INFORMATION** (*please answer all questions*):

Mother/Legal Guardian's Name: \_\_\_\_\_

Father/Legal Guardian's Name: \_\_\_\_\_

If not living with both parents, with whom does the applicant make his/her home? \_\_\_\_\_

If enrolled, to whom should MSSM:

Send grade reports? \_\_\_\_\_ Bills/room & board/tuition statements? \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

*On the reverse side or on a separate sheet of paper, please respond to the following:*

7. Please comment on the applicant's relationships with family members and any others who have influenced the applicant.
8. Describe the academic, personal, or social experiences that have had a particularly strong influence on the applicant's development.
9. Have any physical, psychological or learning disabilities affected or interrupted the applicant's education? Has the applicant ever had an IEP or 504 Plan? If so, please describe and provide a letter of explanation from the appropriate physicians or other professionals as well as copies of IEP and 504 Plan.
10. Please describe your personal perspective on the applicant's academic potential and readiness to engage in serious academic study at MSSM.

Name (please print): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

# MSSM

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### Guidance Counselor Recommendation Form

95 HIGH STREET, LIMESTONE, ME 04750

(207) 325-3303 • Fax (207) 325-3340

www.mssm.org

#### APPLICANT TO COMPLETE THIS SECTION:

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_ Home High School: \_\_\_\_\_ Address: \_\_\_\_\_

#### OPTIONAL WAIVER OF RIGHT OF ACCESS

*I, undersigned, understand that the information provided in this letter from \_\_\_\_\_ will be used by the MSSM in deciding upon my application for admission. I hereby waive any and all rights of access to this letter I might have under the Family Educational Rights and Privacy Act of 1974, or other related laws, regulations, or policies.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student Signature /Date Parent /Date

The above-named applicant has applied for admission to the Maine School of Science and Mathematics. We ask that you complete this recommendation form and return it directly to the Admissions Office **within two (2) weeks of request** in order for the applicant to be considered for Priority Review. Thank you for your contributions.

**In addition to this form, please forward MSSM (within two (2) weeks of request) an official copy of the applicant's high school transcripts, including most recent grade report and educational records for the past calendar year, PSAT and SAT scores, and your high school profile.**

A.) In making the following ratings, please keep in mind that they will be used to assess this student relative to potential success at the MSSM. Please check the single most appropriate box.

|                           | Top 1% of my career | Excellent | Above Average | Average | Below Average | No basis for judgment |
|---------------------------|---------------------|-----------|---------------|---------|---------------|-----------------------|
| Academic growth potential |                     |           |               |         |               |                       |
| Academic maturity         |                     |           |               |         |               |                       |
| Acceptance of challenge   |                     |           |               |         |               |                       |
| Communication Skills      |                     |           |               |         |               |                       |
| Emotional maturity        |                     |           |               |         |               |                       |
| Leadership                |                     |           |               |         |               |                       |
| Motivation                |                     |           |               |         |               |                       |
| Self-confidence           |                     |           |               |         |               |                       |
| Social adaptability       |                     |           |               |         |               |                       |

B.) Does the student have a 504 Plan or an IEP?  Yes (kindly mail the report to MSSM)  No



# MSSM

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**RECOMMENDATION FORM-Current Mathematics Instructor**

95 HIGH STREET, LIMESTONE, MAINE 04750  
 (207) 325-3303 • Fax (207) 325-3340  
 www.mssm.org

**APPLICANT TO COMPLETE THIS SECTION:**

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_ High School: \_\_\_\_\_ Address: \_\_\_\_\_

**OPTIONAL WAIVER OF RIGHT OF ACCESS**  
*I, undersigned, understand that the information provided in this letter from \_\_\_\_\_ will be used by the MSSM in deciding upon my application for admission. I hereby waive any and all rights of access to this letter I might have under the Family Educational Rights and Privacy Act of 1974, or other related laws, regulations, or policies.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student Signature /Date Parent/Legal Guardian Signature /Date

The above-named applicant has applied for admission to the Maine School of Science and Mathematics. We ask that you complete this recommendation form and return it directly to the Admissions Office **within two (2) weeks of request** in order for the applicant to be considered for Priority Review. Thank you for your contributions.

A.) In making the following ratings, please keep in mind that they will be used to assess this student relative to potential success at the MSSM. Please check the single most appropriate box.

|                           | Top 1% of my career | Excellent | Above Average | Average | Below Average | No basis for judgment |
|---------------------------|---------------------|-----------|---------------|---------|---------------|-----------------------|
| Academic growth potential |                     |           |               |         |               |                       |
| Academic maturity         |                     |           |               |         |               |                       |
| Acceptance of challenge   |                     |           |               |         |               |                       |
| Communication Skills      |                     |           |               |         |               |                       |
| Emotional maturity        |                     |           |               |         |               |                       |
| Leadership                |                     |           |               |         |               |                       |
| Motivation                |                     |           |               |         |               |                       |
| Self-confidence           |                     |           |               |         |               |                       |
| Social adaptability       |                     |           |               |         |               |                       |

B.) On the reverse side or on a separate sheet please indicate your assessment of this applicant for admission to the Maine School of Science and Mathematics. We are particularly interested in the criteria listed above. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Reports that include anecdotes or descriptions of specific behaviors/ accomplishments are most helpful.

Name (please print): \_\_\_\_\_ Subject Area: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# MSSM

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Course(s) you have taught this student \_\_\_\_\_ # Years in Education: \_\_\_\_\_

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**RECOMMENDATION FORM-Current Science Instructor**

95 HIGH STREET, LIMESTONE, MAINE 04750  
 (207) 325-3303 • Fax (207) 325-3340  
 www.mssm.org

**APPLICANT TO COMPLETE THIS SECTION:**

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_ High School: \_\_\_\_\_ Address: \_\_\_\_\_

**OPTIONAL WAIVER OF RIGHT OF ACCESS**

*I, undersigned, understand that the information provided in this letter from \_\_\_\_\_ will be used by the MSSM in deciding upon my application for admission. I hereby waive any and all rights of access to this letter I might have under the Family Educational Rights and Privacy Act of 1974, or other related laws, regulations, or policies.*

\_\_\_\_\_/\_\_\_\_\_  
 Student Signature /Date Parent/Legal Guardian Signature /Date

The above-named applicant has applied for admission to the Maine School of Science and Mathematics. We ask that you complete this recommendation form and return it directly to the Admissions Office **within two (2) weeks of request** in order for the applicant to be considered for Priority Review. Thank you for your contributions.

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|---------------------------|---------------------|-----------|---------------|---------|---------------|-----------------------|
| Academic growth potential |                     |           |               |         |               |                       |
| Academic maturity         |                     |           |               |         |               |                       |
| Acceptance of challenge   |                     |           |               |         |               |                       |
| Communication Skills      |                     |           |               |         |               |                       |
| Emotional maturity        |                     |           |               |         |               |                       |

|                     |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|
| Leadership          |  |  |  |  |  |  |
| Motivation          |  |  |  |  |  |  |
| Self-confidence     |  |  |  |  |  |  |
| Social adaptability |  |  |  |  |  |  |

B.) On the reverse side or on a separate sheet please indicate your assessment of this applicant for admission to the Maine School of Science and Mathematics. We are particularly interested in the criteria listed above. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Reports that include anecdotes or descriptions of specific behaviors/ accomplishments are most helpful.

Name (please print): \_\_\_\_\_ Subject Area: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Course(s) you have taught this student \_\_\_\_\_ # Years in Education: \_\_\_\_\_



A Residential Community of Academic Excellence  
**RECOMMENDATION FORM-Current English Instructor**

95 HIGH STREET, LIMESTONE, MAINE 04750  
 (207) 325-3303 • Fax (207) 325-3340  
 www.mssm.org

**APPLICANT TO COMPLETE THIS SECTION:**

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_ High School: \_\_\_\_\_ Address: \_\_\_\_\_

**OPTIONAL WAIVER OF RIGHT OF ACCESS**  
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\_\_\_\_\_/\_\_\_\_\_  
 Student Signature /Date Parent/Legal Guardian Signature /Date

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|---------------------------|---------------------|-----------|---------------|---------|---------------|-----------------------|
| Academic growth potential |                     |           |               |         |               |                       |
| Academic maturity         |                     |           |               |         |               |                       |
| Acceptance of challenge   |                     |           |               |         |               |                       |

|                      |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|
| Communication Skills |  |  |  |  |  |  |
| Emotional maturity   |  |  |  |  |  |  |
| Leadership           |  |  |  |  |  |  |
| Motivation           |  |  |  |  |  |  |
| Self-confidence      |  |  |  |  |  |  |
| Social adaptability  |  |  |  |  |  |  |

B.) On the reverse side or on a separate sheet please indicate your assessment of this applicant for admission to the Maine School of Science and Mathematics. We are particularly interested in the criteria listed above. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Reports that include anecdotes or descriptions of specific behaviors/ accomplishments are most helpful.

Name (please print): \_\_\_\_\_ Subject Area: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_



Course(s) you have taught this student \_\_\_\_\_ # Years in Education: \_\_\_\_\_

A Residential Community of Academic Excellence  
**RECOMMENDATION FORM-Other (this form is optional)**  
 95 HIGH STREET, LIMESTONE, MAINE 04750  
 (207) 325-3303 • Fax (207) 325-3340  
 www.mssm.org

**APPLICANT TO COMPLETE THIS SECTION:**

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_ High School: \_\_\_\_\_ Address: \_\_\_\_\_

**OPTIONAL WAIVER OF RIGHT OF ACCESS**

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\_\_\_\_\_/Date Student Signature \_\_\_\_\_/Date Parent/Legal Guardian Signature \_\_\_\_\_/Date

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|---------------------------|---------------------|-----------|---------------|---------|---------------|-----------------------|
| Academic growth potential |                     |           |               |         |               |                       |
| Academic maturity         |                     |           |               |         |               |                       |
| Acceptance of challenge   |                     |           |               |         |               |                       |
| Communication Skills      |                     |           |               |         |               |                       |
| Emotional maturity        |                     |           |               |         |               |                       |
| Leadership                |                     |           |               |         |               |                       |
| Motivation                |                     |           |               |         |               |                       |
| Self-confidence           |                     |           |               |         |               |                       |
| Social adaptability       |                     |           |               |         |               |                       |

B.) On the reverse side or on a separate sheet please indicate your assessment of this applicant for admission to the Maine School of Science and Mathematics. We are particularly interested in the criteria listed above. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Reports that include anecdotes or descriptions of specific behaviors/ accomplishments are most helpful.

Name (please print): \_\_\_\_\_ Subject Area: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Course(s) you have taught this student \_\_\_\_\_ # Years in Education: \_\_\_\_\_