



Educational Goal: A.S. \_\_\_\_\_ B.S. \_\_\_\_\_ M.S. \_\_\_\_\_ Ph.D. \_\_\_\_\_  
 Do you intend to obtain a Professional Degree (Ex. MD, JD) \_\_\_\_\_

**PART III: FAMILY INFORMATION**

<b>FATHER'S NAME:</b>	<b>MOTHER'S NAME:</b>
<b>HIGHEST LEVEL OF SCHOOLING:</b>  ELEMENTARY (GRADE 1-6) _____ SECONDARY (GRADE 7-12) _____ SOME COLLEGE, NO DEGREE _____ ASSOCIATE'S DEGREE _____ BACHELOR'S DEGREE _____ MASTER'S DEGREE _____ DOCTORATE DEGREE _____ MD, JD, MBA _____ OTHER _____	<b>HIGHEST LEVEL OF SCHOOLING:</b>  ELEMENTARY (GRADE 1-6) _____ SECONDARY (GRADE 7-12) _____ SOME COLLEGE, NO DEGREE _____ ASSOCIATE'S DEGREE _____ BACHELOR'S DEGREE _____ MASTER'S DEGREE _____ DOCTORATE DEGREE _____ MD, JD, MBA _____ OTHER _____

**PART III: ADDITIONAL INFORMATION**

a. Two letters of recommendation.

Please have at least one of the letters sent from former or current faculty of the applicant (either high school or college). Please list recommenders below.

<b>NAME:</b>	<b>PHONE AND EMAIL:</b>	<b>INSTITUTION:</b>

b. College Transcripts

Please send unofficial or official copies of your college transcripts from all colleges attended. Please list colleges below.

<b>NAME OF COLLEGE:</b>	<b>DATES OF ATTENDANCE:</b>

c. Personal Statement (Attach additional sheets of paper if needed)

The applicant should explain in 500 words or less the reason they desire to participate in the STRONG-CT program. The student may also address personal and career goals as they relate to their college education.

Please return the completed materials to the college where you plan to seek admission.

**Three Rivers Community College**  
**STRONG-CT Program-Attn: Diba Khan-Bureau**  
**574 New London Turnpike, Norwich, CT 06360**

For more information contact:

**Diba Khan-Bureau, M.S.**

Associate Professor & Program Coordinator  
Environmental & Civil Engineering Technology Programs  
[dkhan-bureau@trcc.commnet.edu](mailto:dkhan-bureau@trcc.commnet.edu)

**University of Connecticut**  
**STRONG-CT Program- Attn: Hedley Freake**  
**Department of Nutritional Sciences, Roy E. Jones Building, UNIT 4017**  
**3624 Horsebarn Road Ext., Storrs, CT 06269-4017**

For more information contact:

**Hedley Freake, Ph.D.**

Professor Nutritional Sciences  
[hedley.freake@uconn.edu](mailto:hedley.freake@uconn.edu)

**Damon Williams, Ph.D**

Assistant Vice Provost of Multicultural and International Affairs  
[damon.williams@uconn.edu](mailto:damon.williams@uconn.edu)

**Manchester Community College**  
**STRONG-CT Program-Attn: Eleanor Weseloh**  
**Great Path, P.O. Box 1046, MS # 17, Manchester, CT 06045**

For more information contact:

**Eleanor Weseloh, M.S.**

Director - Division of Mathematics, Science and Health Careers  
[eweseloh@mcc.commnet.edu](mailto:eweseloh@mcc.commnet.edu)

**Quinebaug Valley Community College**  
**STRONG-CT Program – Attn: Melissa Pillion**  
**742 Upper Maple Street, Danielson, CT 06239**

For more information contact:

**Melissa M. Pillion, Ph.D.**

Instructor of Biology  
[mphillion@qvcc.commnet.edu](mailto:mphillion@qvcc.commnet.edu)

# STRONG-CT

*Science and Technology Reaching Out to New Generations in Connecticut*

## LETTER OF RECOMMENDATION

### PART I: TO BE FILLED OUT BY THE APPLICANT:

APPLICANT'S NAME:	BANNER ID:
EMAIL:	INSTITUTION:

I understand that this letter of recommendation will be used for purposes of admittance into the STRONG CT program only.

\_\_\_\_\_ I waive my right to examine this letter and understand that this letter will be used for the purposes of this application only.

\_\_\_\_\_ I do not waive my right to examine this letter.

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

### PART II: TO BE FILLED OUT BY THE RECOMMENDER:

The above named applicant has submitted an application to the STRONG CT program. The program is an academic support and mentoring program designed to encourage success in the life sciences at the CT community colleges and/or University of Connecticut. Please complete as fully as possible, return this letter to the applicant in a sealed, signed envelope. You may also submit the letter to the address below.

◆ In what capacity do you know the applicant? For how long?

◆ What do you consider the students strengths? Weaknesses?

Please check the box that most appropriately describes the applicant.

	TOP 10%	TOP 25%	UPPER 50%	LOWER 50%	NO BASIS TO JUDGE
ACADEMIC POTENTIAL					
MATURITY					
ORAL COMMUNICATION					
WRITTEN COMMUNICATION					
QUANTITATIVE ABILITY					
MOTIVATION					
INDEPENDENCE					
WORK ETHIC					
ANALYTICAL SKILL					

Please use this space to add additional information about the applicant that demonstrates his/her ability to successfully obtain a Bachelor's degree in the life sciences.

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

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

NAME:	TITLE:
INSTITUTION:	EMAIL:
PHONE:	MAY WE CONTACT YOU? Y/N

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