



SGMP Committee Member Report

Member's Name: _____

Committee: _____

Please rate this member's participation in committee activities.

	1	2	3	4	5	
Not very active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very active

What kind of scholarship do you think this member deserves?

Full	Partial	Registration fee only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional. List specific activities that this member has performed.

Committee Chair's Signature: _____

Please return all forms via email to Laura Boekenooen at lboekenooen@dce.ufl.edu or fax to 352-392-8630.