



Scholarship Recommendation Form

Applicant Last Name: _____ Applicant First: _____ Applicant M.I. _____

Your Name and Title: _____

Address: _____ Zip: _____

Telephone: _____ Email: _____

How long have you known this student? _____ In what capacity? _____

*From your observations and knowledge,
Please rate the student by circling the appropriate number*

<i>Qualities</i>	<i>Outstanding</i>	<i>Excellent</i>	<i>Fair</i>	<i>Poor</i>	<i>Not Recommended</i>
<i>Character</i>	5	4	3	2	1
<i>Leadership/Organizational Skills</i>	5	4	3	2	1
<i>Dependability</i>	5	4	3	2	1
<i>Creativity</i>	5	4	3	2	1
<i>Potential</i>	5	4	3	2	1

Kindly provide a signed narrative supporting the above rating that you feel would give better insight to the selection committee. Thank you. (Please feel free to attach a separate sheet)
