

### Recommendation Form

This form is to be completed by the applicant's High School principal, assistant principal, guidance counselor, teacher, academic advisor, college professor or dean. One recommendation form is mandatory to apply for the scholarship. Additional recommendations are encouraged. Letters are welcomed.

Applicant's first name: \_\_\_\_\_ Applicant's last name: \_\_\_\_\_

Name of High School/College: \_\_\_\_\_

Name and title of person completing this form: \_\_\_\_\_

Capacity in which you know the student: \_\_\_\_\_

Number of months/years you have known the student:  0-1 year  1-2 year  2-3 years  4 or more

Please rate the applicant on the qualities listed below using the following numeric scale:

5 – Excellent    4 – Good    3 – Average    2 – Fair    1 – Poor

Academic Promise		Attitude	
Initiative		Respect	
Career Goals		Self-Discipline	
Responsibility		Perseverance	

Additional comments:

---



---



---



---



---



---



---



---

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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