



Scholarship Recommendation Form

Section 1: Applicant Information (To be Completed by Applicant) PLEASE PRINT CLEARLY

| | |
|--|--|
| Applicant's Name (please print): | |
| Program / certification(s) in which you will enroll: | |
| Name of Scholarship(s): | |
| Name of Instructor / Counselor (please print): | |
| Please give a brief overview of your current plans and future goals: | |

Section 2: Applicant Evaluation (To be Completed and Submitted by Instructor/Counselor)

| <i>(Please rate the following categories by marking an "X" in the appropriate box)</i> | Exceptional | Above Average | Average | Below Average | No Information |
|--|-------------|---------------|---------|---------------|----------------|
| Responsibility | | | | | |
| Dependability | | | | | |
| Leadership Ability | | | | | |
| Academic Ability | | | | | |
| Honesty and Integrity | | | | | |
| Teamwork | | | | | |
| Attitude | | | | | |
| Professionalism | | | | | |

Overall evaluation: Compared to other students, I would rank this applicant in the top
 ____ 1% ____ 5% ____ 10% ____ 25% ____ 50% ____ 75%

Please give a brief overview of your impression of this student:

Signature of Instructor/Counselor: _____

Title: _____ **Place of Employment:** _____

Phone Number: _____ **Email:** _____ **Date:** _____