



## Scholarship Recommendation Form

**Applicants:** Each scholarship application requires two (2) recommendations from individuals not related to the applicant. The applicant should select one *teacher* and one *community member* to complete this form. Please note: the scholarship application will not be considered without two completed recommendation forms, in your application packet, received by the deadline, Friday, March 5, 2021.

**Recommenders:** Once complete, please return the form to the applicant in a sealed envelope with your name written (signed) across the sealed portion of the envelope. Thank you!

Measure	5 Superior	4	3 Average	2	1 Below Average	Don't Know
<b>Achievement or Academic Program</b> <i>Quality of Work or grades</i>						
<b>Attendance/Reliability</b> <i>Class or work attendance/dependability</i>						
<b>Attitude/Cooperation</b> <i>Relationship with others</i>						
<b>Communication Skills</b> <i>Ability to express ideas</i>						
<b>Leadership</b> <i>Judgement and ability to lead and influence</i>						
<b>Motivation</b> <i>Initiative, resourcefulness, self-starter</i>						
<b>Potential for Success</b> <i>Ability to set/achieve goals</i>						
<b>Work Habits/Organizational Skills</b> <i>Ability to plan, manage, execute</i>						

**Supporting Comments** \_\_\_\_\_

\_\_\_\_\_

*(If you need additional space, feel free to use the back of this sheet or attach a separate page)*

**Recommender's Name** \_\_\_\_\_

**Title/Relationship to Applicant** \_\_\_\_\_

**How long have you known the Applicant?** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

**Recommender's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_