

Kailua United Methodist Church Foundation  
 Recommendation for Scholarship  
 (FACULTY MEMBER)  
**Due by postmark date of April 30th**

Directions: The applicant must ensure that a current faculty member submits THIS FORM by the deadline date. Other forms will not be accepted.

Applicant Name \_\_\_\_\_

Recommendation from \_\_\_\_\_ Title \_\_\_\_\_  
Printed name

Educational Institution \_\_\_\_\_

1. How long and in what capacity have you known this applicant?
  
  
  
  
  
2. How would you rate this applicant's motivation and initiative in pursuing academic goals?
  
  
  
  
  
3. Please rate this applicant by making your selection in the applicable box in chart:

	Excellent	Very Good	Average	Below Average	Not Known
Leadership					
Creativity					
Work Ethic					
Enthusiasm					
Adaptability					
Maturity					
Ability to work well with others					
Communication skills					

4. Please provide specific examples of how this applicant has demonstrated the above qualities. (Please use back of sheet or attach a separate document)

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please mail original form to KUMC Foundation, ATTN: Scholarship Committee,  
 1110 Kailua Road, Kailua HI 96734.*

Kailua United Methodist Church Foundation  
 Recommendation for Scholarship  
 (COMMUNITY MEMBER)  
**Due by postmark date of April 30th**

Directions: This applicant must ensure that an adult community member who has known the applicant for at least five years submits THIS FORM by the deadline date. Other forms will not be accepted.

Applicant Name \_\_\_\_\_

Recommendation from \_\_\_\_\_  
 Printed name

1. How long and in what capacity have you known this applicant?
  
  
  
  
  
  
  
  
  
  
2. How would you rate this applicant's motivation and initiative in pursuing academic goals?
  
  
  
  
  
  
  
  
  
  
3. Please rate this applicant by making your selection in the applicable box in chart:

	Excellent	Very Good	Average	Below Average	Not Known
Leadership					
Creativity					
Work Ethic					
Enthusiasm					
Adaptability					
Maturity					
Ability to work well with others					
Communication skills					

4. Please provide specific examples of how this applicant has demonstrated the above qualities. (Please use back of sheet or attach a separate document)

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please mail original form to KUMC Foundation, ATTN: Scholarship Committee,  
 1110 Kailua Road, Kailua HI 96734.*