Milby High School Scholarship Application

RECOMMENDATION FORM

_____

Student's name (printed)

Student's authorization to release information:
I hereby authorize the undersigned to release the following information in connection with my scholarship application.

_____ _____

Student's signature Date

Printed Name of Advisor/Teacher providing recommendation:

_____

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Advisor/Teacher:

Please rate the student named above in each of the following categories by circling the appropriate number, keeping in mind that this information will be used in comparing this student with other applicants. The ratings should be fair and realistic in comparison to other college bound students.

CATEGORY	BELOW AVERAGE	GOOD	EXCELLENT
1. Academic ability	1	2	3
2. Energy and initiative	1	2	3
3. Independence	1	2	3
4. Originality	1	2	3
5. Leadership	1	2	3
6. Self-confidence	1	2	3
7. Warmth of personality	1	2	3
8. Sense of humor	1	2	3
9. Concern for others	1	2	3
10. Reaction/ Response to criticism	1	2	3
11. Reaction/ Response to set-backs	1	2	3
12. Respect accorded by peers	1	2	3
13. Respect accorded by adults	1	2	3

Please include other information you feel will help us evaluate this applicant (e.g., personal anecdote, unique qualities or experience, etc.). Please write on back of this sheet or attach another page if needed.

_____

Printed name of advisor: _____

_____ _____

Signature of advisor Date

_____

Capacity in which you know the student

_____

Length of time you have known the student