

TEACHER RECOMMENDATION FOR SCHOLARSHIPS

Student's Name:	Evaluator's Name:
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This sheet is intended for use in evaluating the student's application for local scholarships. Normally the selection process requires recommendations from two teachers. You have been selected by the student to complete this form. The information you provide will be part of the student's complete application and will be shared with voting members of various scholarship selection committees.

	TOP 10%	TOP 25%	TOP 50%	BELOW AVERAGE	NOT OBSERVED	
1. Knowledge (broad base of information)						
2. Intellectual curiosity						
3. Self-expression (oral)						
4. Self-expression (written)						
5. Judgment						
6. Initiative (motivation)						
7. Creative/imaginative qualities						
8. Reaction to setbacks						
9. Leadership and influence						
10. Reliability and dependability						
11. Sense of humor						
12. Cooperation (ability to compromise)						
13. Respect accorded by faculty						
14. Social maturity						
15. Concern for others						
16. Probable success in college						
17. Overall rating compared to other seniors						

PLEASE WRITE ADDITIONAL PERSONAL COMMENTS HERE. THEY ARE EXTREMELY IMPORTANT IN THE DECISION-MAKING PROCESS AND WOULD BE APPRECIATED:

SIGNATURE: _____

POSITION: