

Student Recommendation Form

To be completed by student:

Student Name: _____ Student ID: _____

Purpose of recommendation: _____

Due on: _____ Return to student **OR** mail (include addressed envelope)

To be completed by recommender:

1. How would you compare the student to other students in their grade

	N/A	Struggles	Average	Top 25%	Top 10%	Explanation (optional)
Analytical Skills						
Classroom Discussion						
Creative Thinking						
Initiative						
Consistency of Performance						
Written Expression						
Overall Recommendation						

2. How long have you known the student? Please comment on the frequency and context of your interaction.

3. Why do you recommend the applicant for this scholarship? What qualities, personal characteristics, and interest does the student possess which make them outstanding or deserving among other students?

Signature: _____ Date: _____

Recommender Name: _____

Title: _____ Relationship to student: _____

Employer: _____ email: _____

Phone: _____