

SCHOLARSHIP RECOMMENDATION FORM

Applicant's Name: _____

Applicant Signature: _____ **Date:** _____

EDUCATOR OR PROFESSIONAL EVALUATION:

Please evaluate the applicant in comparison to their peers by selecting one rating for each category below.

RATING SCALE:

5 – Superior | 4 – Above Average | 3 – Average | 2 – Below Average | 1 – Needs Improving

CRITERIA	5	4	3	2	1
Academic ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest and willingness to accept responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with peers and adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy, persistence, and follow-through on goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REMARKS:

Please describe how you believe this applicant will perform in a higher-education or vocational program.

How long have you known the applicant? _____

Signature: _____ **Date:** _____

Place of Employment: _____

When complete, please return this form to the applicant. If you are unable to return it directly, please send it to scholarship@taylortel.org or mail it to Taylor Telecom, Attn: Scholarship Committee, PO Box 370, Merkel, TX 79536.