

Alverno College Institutional Scholarship Recommendation Form

This form is to be used for Alverno College institutional scholarships. If you prefer, you can write a traditional letter of recommendation in place of this document. Please submit this document to the applicant or the Alverno College Financial Aid Office directly.

Date: _____

Applicant Name: _____

Scholarship(s) Applicant is Applying For: _____

Your information (who is writing recommendation):

Name: _____

Organization: _____

Title: _____

Email: _____ Phone number: _____

How long have you known the applicant? _____

In what capacity have you known the applicant (circle one):

Peer Employee Co-worker Instructor/Staff member Other

Rate the applicant in the following areas. Circle the best response. 1= Unacceptable. 5= Outstanding.

Quality	1	2	3	4	5	Not Observed
Communication Skills	1	2	3	4	5	N
Leadership Ability	1	2	3	4	5	N
Self-Confidence	1	2	3	4	5	N
Integrity	1	2	3	4	5	N
Responsibility	1	2	3	4	5	N
Academic Ability	1	2	3	4	5	N
Community Service	1	2	3	4	5	N
Participation In Class	1	2	3	4	5	N
Attendance	1	2	3	4	5	N

Please expand on the areas rated above, identifying the applicant's greatest strength(s) in reference to how well she is deserving of this scholarship.

Do you recommend the applicant for this scholarship?

- Yes, without reservation.
- Yes, with some reservation (please explain)
- No. (please explain)

Any additional comments?
