

HRCCA SCHOLARSHIP RECOMMENDATION FORM

To be completed by an academic instructor or other recommender

Name of Applicant:	
Applicant's Address:	
Your Name, Title, Position:	
Institution/Company/Association:	
Contact Address:	
Telephone:	Business or Cell Telephone:
Email address:	Fax

1. In what capacity and how long have you known the applicant?

2. In what way(s) do you see this applicant as a worthy recipient of this award?

3. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank

	Excellent	Very Good	Good	Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please elaborate and give specific examples of those areas where the applicant has demonstrated exceptional qualities listed in question (3).

5. Additional comments

Signature _____

Date _____

Title: _____