

Martha Wilbers/Faye Arnold Scholarship Award Reference Form

To be completed by Applicant:

Applicant: _____
 First Middle Last (Maiden Name)

Address: _____
 Street City State Zip

To be completed by Evaluator:

	Superior	Good	Fair	Poor	Unable to Judge
Leadership Ability					
Academic performance					
Knowledge of profession					
Ability to work under stress					
Dependability					
Ability to work with others					
Ability to work independently					
Initiative					
Integrity					
Commitment to professional growth					
Oral communication skills					
Written communication skills					
Use of technology					

How well do you know the applicant?

Not well Somewhat Well Very Well

How long have you known the applicant? _____

Evaluator's Name: _____

Institution/Company: _____

Position: _____

Address: _____

Telephone: _____

Email: _____

What is your professional relationship to the applicant?

professor supervisor academic advisor employer

other (Please explain) _____

Overall Recommendation:

Recommend most highly

Strongly recommend

Recommend

Recommend with some reservations

Do not recommend

Evaluator Signature: _____

Date: _____

Please attach any additional information you feel may help with the scholarship decision. Thank you for time in helping with the scholarship process.