

SCHOLARSHIP RECOMMENDATION

CENTRAL LUTHERAN FOUNDATION SCHOLARSHIP FUND

APPLICANT NUMBER: _____

SCHOOL TO BE ATTENDED _____

NAME OF REFERENCE _____

RELATIONSHIP OF REFERENCE TO APPLICANT _____
Teacher, Employer, Friend, Other

HOW LONG HAVE YOU KNOWN THE APPLICANT _____

RATE THE APPLICANT IN COMPARISON TO OTHERS IN YOUR ORGANIZATION, PLACE A CHECK MARK IN THE SPACE THAT ACCURATELY DESCRIBES THE APPLICANT.

	Exceptional	Above Average	Average	Below Average	Not Observed
Organization					
Leadership					
Initiative – Motivation					
Responsibility and Dependability					
Resourcefulness – Creativity					
Capacity for Learning					
Quality of Work					
Relationship to Others					

ADDITIONAL COMMENTS (Please complete to assist in selecting the best applicant)

SIGNATURE _____, DATE _____