

**Cut Bank Education Foundation and Alumni Association**  
**Scholarship Recommendation Form – Alumni Application**

Name: \_\_\_\_\_

**To the applicant:** Please give this form to an individual who is familiar with your academic potential. Your scholarship application will need to have two of these recommendations from college professors who have taught the student. (One form may be from the student’s academic advisor.) Do not substitute letters of recommendations for this form. Include completed recommendations (**in sealed envelopes**) with your completed application.

**To the teacher:** Please complete this form based on your honest assessment of this applicant’s academic potential. Upon completion of this form, please place it in a sealed envelope and return it to the applicant.

How long have you known the applicant and in what capacity? \_\_\_\_\_  
 \_\_\_\_\_

Please rate (by checking) the applicant in each area listed below:

	<b>Exceptional</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>No Information</b>
<b>Intellectual ability</b>					
<b>Writing ability</b>					
<b>Speaking Ability</b>					
<b>Leadership ability</b>					
<b>Academic preparation</b>					
<b>Interpersonal skills</b>					
<b>Willingness to learn</b>					
<b>Maturity</b>					
<b>Responsibility/dependability</b>					
<b>Honesty and integrity</b>					
<b>Motivation</b>					

Comments: Include any particular strengths which he/she possesses, as well as any weaknesses. We appreciate your candid appraisal (Please use additional sheet if necessary).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_