

Cut Bank Education Foundation and Alumni Association
Scholarship Recommendation Form

Name: _____

To the applicant: Please give this form to a teacher who is familiar with your academic potential. Your scholarship application will need to have two of these recommendations – one from a core class teacher and the other must be from a teacher who taught you during high school. 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:

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

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: _____