



Chemistry Scholarship Recommendation Form

Name of Student Applying for Scholarship: _____

Your Name: _____

Email Address: _____

Your Relationship to the Applicant: _____

Number of Years you have Known the Applicant: _____

Instructions: Evaluate the applicant on each of the following characteristics. The rankings refer to the high school seniors that you teach.

Student Trait	Superior (Top 10%)	Above Average (Top 25%)	Average (Top 50%)	Below Average (Below 50%)	No Opportunity to Observe
Personal Character					
Self-Confidence					
Self- Initiative					
Maturity					
Cooperation with Others					
Ability to Complete Tasks					
Ability in Oral Communication					
Ability in Written Communication					
Ability in Chemistry and Science					
Overall Academic Ability					

If you wish for the scholarship selection committee to consider other factors in the selection process, please attach a separate letter about the applicant. Thank you very much for your assistance.

Signature

Date