

# Col. Mike Randerson Scholarship Recommendation Form

Name of Applicant: \_\_\_\_\_

College ID Number: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you known the scholarship applicant? \_\_\_\_\_

In what capacity are you familiar with the applicant's education and/or personal background? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Summary Evaluation

Compare applicant with a representative group of students who have had approximately the same amount of experience:

	Excellent (Upper 5%)	Above Average (Upper 10%)	Average (Upper 25%)
General academic ability			
Imagination and creativity			
Motivation and initiative			
Ability to work with others			
Potential to succeed in a college program			

## Comments

Please comment on any aspect of the applicant's background, experiences, community involvement, etc., that will help the scholarship committee evaluate this individual.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Return this form to APPLICANT in a sealed envelope, so it may be submitted with the application before the deadline.**

**SCHOLARSHIP DEADLINE: February 28th  
FORM MAY BE PHOTOCOPIED**