

Central Connecticut Celtic Cultural Committee
RECOMMENDATION FORM FOR SCHOLARSHIP

Name of applicant: _____

Capacity in which I know this applicant (*i.e., teacher advisor, coach*) _____

Please rate the following characteristics of this applicant (*circle one rating per line*).

Key: 5 = Outstanding, 3 = Average, 1 = Below Average, U = Unable to rate

Academic Performance	5	3	1	U
Character / Attitude	5	3	1	U
Motivation	5	3	1	U
Leadership Qualities				
School/Community Service	5	3	1	U

In no more than the space provided below, please provide a statement in support of the applicant.

Signature

Title

Date