



TSCRF SCHOLARSHIP APPLICATION

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant:

TO BE COMPLETED BY THE INDIVIDUAL MAKING THE RECOMMENDATION:

The above-named applicant is applying for a TSCRF Scholarship and is requesting that you provide a recommendation based on your personal knowledge of the applicant. Please complete this form and either return it directly to the TSCRF Scholarship Committee, by the due date, or place in a sealed, signed envelope and provide to the applicant to include in their application packet. Your comments are confidential and will not be shown to the applicant.

How long and in what capacity have you known applicant?

Please check your appraisal of applicant's ability to succeed in college:

_____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor _____ No Opinion

Please rate the applicant on the following characteristics based on his/her performance:

	Excellent	Very Good	Average	Poor	Not Observed
Academic Ability					
Leadership Skills					
Personal Integrity					
Displays Initiative					
Willingness to Accept Responsibility					
Interpersonal Skills					
Communication Skills (Written & Oral)					
Time Management Skills					



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