



Mary and Leonard Stiles Scholarship

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 the Mary and Leonard Stiles 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 **February 7, 2025**, or place in a sealed, signed envelope and give to the applicant to return. 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					



Mary and Leonard Stiles Scholarship

Why do you believe the applicant is deserving of this scholarship?

Date: _____ Signature: _____

Phone: _____ E-mail: _____

Form needs to be received in our office no later than February 7th (forms received after February 7 will not be accepted). Return to the following:

Texas & Southwestern Cattle Raisers Foundation
Attn: Scholarship Committee
1600 Gendy Street, Fort Worth, TX 76107



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