Madison Golden K Kiwanis Scholarship RECOMMENDATION FORM (Please print or type)

SECTION 1 - (To be completed by the applicant)

Name of applicant _____

I ☐ waive ☐ do not waive my right to access to information on this page.

Applicant's signature _____ Date: _____

_____

SECTION 2 (to be completed by an academic instructor)

1.In what capacity and how long have you known the applicant?

_____ _____

2. How would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Very Good	Average	Below
Community Service	☐	☐	☐	☐
Scholarship (if not based on 4.0 scale Please explain below)	☐ 3.5-4.0	☐ 3.0-3.5	☐ 2.5-3.0	☐ <2.5
Extracurricular Activities	☐	☐	☐	☐
Leadership	☐	☐	☐	☐
Initiative	☐	☐	☐	☐
Enthusiasm	☐	☐	☐	☐

3.Please cite specific examples of how the applicant has demonstrated the qualities listed in question 2.

_____

_____

4. Does this applicant qualify to participate in a government-based financial support program?

Yes ☐ No ☐ Not sure ☐

5. Additional comments (please attach another page or use the back of this form):

_____

_____

_____

Instructor's signature _____ Date _____