SUNY FREDONIA
"KEEPER OF THE DREAM" SCHOLARSHIP
REFERENCE FORM: ACADEMIC

Student's Name: _____

To the Student:
This **academic** reference form should be given to a teacher, professor or principal who is particularly acquainted with your academic progress, and is NOT another student, a member of your family, or a family friend. A letter of recommendation on letterhead is also acceptable.

To the Reference:
The student named above is applying for the "Keeper of the Dream" scholarship at SUNY Fredonia. We would appreciate your assessment of the applicant's academic progress. You may also attach a letter of recommendation on letterhead.

Recommender's Name: _____

Title: _____ Organization: _____

Address: _____

Email: _____

Relationship to Student: _____

_____ Years Known: _____

ACADEMIC ATTRIBUTES:

	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Level of Maturity	_____	_____	_____	_____	_____	_____
Oral Communication	_____	_____	_____	_____	_____	_____
Written Communication	_____	_____	_____	_____	_____	_____
Analytical Skills	_____	_____	_____	_____	_____	_____
Time-Management	_____	_____	_____	_____	_____	_____
Organizational Skills	_____	_____	_____	_____	_____	_____
Relates Well to Peers	_____	_____	_____	_____	_____	_____
Social Sensitivity	_____	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____	_____
Ability to Adapt	_____	_____	_____	_____	_____	_____
Listening Skills	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____	_____

Please state frankly your opinion of this student's ability to succeed in a multicultural and leadership-based collegiate program, weighing both the strengths and weaknesses of the individual. Please use the space below or you may attach a separate letter of recommendation.

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Recommender's Signature_____

Date _____

You may return this form to the student in the enclosed envelope. Please seal the envelope and place your signature over the seal.

Thank you for your time.