

WISCONSIN LUTHERAN COLLEGE

2016 Art Scholarship Letter of Reference

Applicant's Name _____

Applicant, please distribute this form to your two references.

The student whose name appears above has applied for an art scholarship at Wisconsin Lutheran College. This form is submitted to you for your confidential evaluation of the applicant's qualifications. Thank you for completing this recommendation. Your candid and objective appraisal is essential to the art scholarship process.

Please print

Reference name _____ Position _____

School _____ Phone _____

How long have you known the applicant? _____

Please check the space which reflects most accurately your experience with the applicant's abilities. **EXCELLENT** shows genuine talent with superior skills and advancement, great potential for a future in art. **GOOD** is better than average, a solid supporter who can assume leadership roles in art. **AVERAGE** does the job, but takes time and may not be an artistic leader.

	EXCELLENT	GOOD	AVERAGE
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All-around art talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical facility/capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compositional/design skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept suggestions and criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication to studio work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your additional thoughts on evaluating the applicant are appreciated. Write comments here and attach a separate sheet if necessary.

Name _____ Date _____

PLEASE RETURN RECOMMENDATION FORM BY FEBRUARY 8, 2016.

- If you filled out this form electronically (<http://www.wlc.edu/uploadedFiles/fa/ArtScholarshipReference.pdf>), **save the pdf** to your hard drive, then **email** it to **chad.lindemann@wlc.edu**
- If you have a printout of this form, please **mail** it to:
Wisconsin Lutheran College, Attn: Prof. Chad Lindemann, 8800 W. Bluemound Road, Milwaukee, WI 53226
- Questions? Call Prof. Lindemann at 414.443.8608.