



Student Name _____

2016-17 BCCF Scholarship Recommendation Form

Please do not refer to the applicant by name on this form. The applicant's first and last name should only be written in the top right corner of this page. **NO FAMILY MEMBERS ARE TO COMPLETE THE RECOMMENDATION FORM.**

Return this form by 4 p.m. January 7, 2016 in a sealed envelope to Brown County Community Foundation, P.O. Box 191, Nashville, IN 47448 or by email scholarships@bccfin.org. Failure to meet these deadlines will jeopardize the applicant's opportunity to be considered for this scholarship. Forms **MUST** come directly from the person completing the recommendation form. Forms will not be accepted from applicants.

We encourage you to provide additional comments. The information must be typed in no smaller than a 10-point font or legibly hand-written in black ink. It is acceptable to cut and paste a Word document if desired. However, the **recommendation must fit in the space below only.** Additional materials should not be included and will not be considered.

Relationship to Applicant: _____ Period of time you have known the Applicant: _____
 How well have you known the applicant? Very Well Fairly Well Limited Contact

Please rate the Applicant in the following categories with comments explaining the rating:

Rate 1-10 with 10 being the highest

	<i>1-10 Rating</i>	<i>Comments (25 words per line maximum)</i>
Ability to set realistic goals		
Integrity/Honesty		
Perseverance		
Academic achievement		
Creative, original		
Disciplined work habits		
Motivation		

Leadership		
Concern for others		
Initiative, independence		
OVERALL		

In your opinion, what distinguishes this student from his/her peers? (200 words maximum)

Form completed by: _____ Phone: _____

Title/Relationship: _____ E-mail: _____

Signature: _____ Date: _____