

The Goizueta Foundation Scholars Fund at Armstrong 2014-15

Confidential Letter of Recommendation / Evaluation (complete two)

Student Name: _____ Student ID# _____

The student named above is applying for a scholarship from The Goizueta Foundation Scholars Fund at Armstrong. Your recommendation is needed as part of the application process. **Please email completed recommendation form on behalf of the student named above to Melody.Rodriguez@armstrong.edu by April 1, 2014.** In addition to this form, we encourage you to submit a personal note on why this student should receive funding. Thank you!

Name of Evaluator: _____ Title: _____

Place of Employment: _____

Home Address: _____

Phone number () _____ PO Box / Street City State Zip Code
Alternate Phone Number: () _____

If you are a High School Counselor / College Administrator:

Dates this student attended your school or college: _____ From: _____ to: _____
Extracurricular activities: _____

Please answer the following questions. Use a separate sheet of paper if necessary.

1. How long have you known the applicant? What is the nature of your relationship?

2. What observations can you make regarding the applicant's potential and pitfall for success in a four-year college environment?

3. Share an event or story about this student in which you observed his/her determination to improve his/her quality of life.

4. Please rate the applicant on the following traits:

| | Exceptional | Average | Below Average | Poor |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Work ethic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Awareness of & concern for others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect for and treatment of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility / Accountability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electronic Signature (type Full Name) _____ Date: _____