

Southwest Wisconsin Technical College Foundation, Inc.

Scholarship Recommendation Form

Applicant: Fill in your name and program and ask an instructor, counselor, employer, clergy, or other non-related reference source to complete this form. Your scholarship application WILL NOT be considered complete unless two recommendation forms are received. Recommendations are extremely important when awarding scholarships.

Reference: Complete this recommendation form and return it to the Southwest Tech Foundation Office at 1800 Bronson Blvd., Fennimore, WI 53809 no later than October 30, 2015. The absence of the form may constitute an incomplete application and disqualify the candidate. All information will be held in confidence. Thank you for your cooperation.

Applicant's Name: _____ Program: _____

	5 Outstanding	4	3 Average	2	1 Below Average	Don't Know
Academic Progress or Personal Achievement (grades and/or quality of work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Reliability (Class attendance and/or dependability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Cooperation (Relationship with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills (ability to express ideas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership (judgment and ability to lead and influence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation (initiative, resourcefulness, self-starter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success (ability to set and achieve goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits/Organizational Skills (ability to plan, manage, and execute)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Please feel free to attach additional pages for your comments.)

Reference Name _____ Title/Relationship _____

Reference Signature _____ Date _____