

Celina Education Foundation Scholarship Application –
Non-CISD Related/Non-Relative Recommendation
***Instructions: Recommendations are to be returned to student in a sealed envelope
 BY FEBRUARY 21, 2020***

Date: _____ Student Name: _____

Name of person writing the recommendation:

Your Phone Number _____ Best time to call if there are questions _____

What are the first words that come to your mind to describe this student? **Please do not include student's name in your comments below:**

Use the following statements and specify the degree to which you agree with each statement. *If you disagree or disagree strongly with any statement, please explain in the remarks section on the next page.*

1 = Strongly Disagree 2= Disagree 3= Neither agree nor disagree 4=Agree 5 = Strongly Agree

	Rank by numbers
	1 to 5
Shows interest and concern for the welfare of others.	
Works effectively with others toward group goals.	
Influences others in a positive manner.	
Communicates effectively in face to face discussion.	
Sets an example of good conduct for others	
Sets high standards for own performance in a number of activities.	
Maintains composure and performs effectively under pressure.	
Accepts full responsibility for own actions.	
Total (add all numbers in right column)	

Celina Education Foundation Scholarship Application –
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Page Two

Date: _____ Student Name: _____

Name of person writing recommendation: _____

****PLEASE DO NOT INCLUDE THE STUDENT'S NAME IN YOUR COMMENTS**

Remarks: If you *disagree or strongly disagree* with any of the statements on the chart, please explain below:

Is there anything else you would like us to know in considering this student for a scholarship?

Signature _____

Date of Recommendation _____

(REMEMBER – please return to the student in a sealed envelope with their name on the outside BY FEBRUARY 21, 2020)