

Celina Education Foundation Scholarship Application –
Teacher Recommendation

(ONE specific teacher can provide NO MORE THAN 6 total recommendations)

Instructions: Return recommendation to the student in a sealed envelope. Student's name can be written on the outside of the envelope. The envelope will be discarded before the application is given to the scholarship committee.

Please return this to the student by February 21, 2020.

This recommendation has a rubric value of up to 10 points. Please take your time to complete accurately and thoroughly.

Date: _____ Student Name: _____

Teacher Name: _____

Course(s): _____

Ratings: Compared to other students to whom you have taught this class, how do you rate this student in terms of:

Please use the following scoring and input your selection into the blank square

Below Average (1) Average (2) Good (3) Very Good (4) Excellent (5)

Academic Achievement		Disciplined work habits	
Intellectual Promise		Maturity	
Concern for others		Motivation	
Self Confidence		Leadership	
Productive class discussion		Integrity	
Respect accorded by faculty		Reaction to setbacks	
		Initiative, independence	
		Point Total:	

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Date: _____ Student Name: _____

Teacher Name: _____

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

Note: Please do not include student’s name in your comments.

Teacher Signature: _____

Date signed: _____

(Please return to student in a sealed envelope with their name on the outside by FEBRUARY 21, 2020)