

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 25, 2021**

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.	
<b>Total (add all numbers in right column)</b>	

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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:

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

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Signature \_\_\_\_\_

Date of Recommendation \_\_\_\_\_

***(REMEMBER – please return to the student in a sealed envelope with their name on the outside BY FEBRUARY 25, 2020)***