

SCHOLARSHIP RECOMMENDATION FORM

Name of Applicant: _____

Name of Person Providing Recommendation: _____

Address/Place of Business: _____

Contact Phone #: _____

How long have you known the student? _____

In what capacity? _____

From your observations and knowledge, please rate the student by checking the appropriate number:

	Outstanding	Excellent	Fair	Poor	Not Recommended
CHARACTER	5	4	3	2	1
DEPENDABILITY	5	4	3	2	1
SCHOLARSHIP	5	4	3	2	1
CITIZENSHIP	5	4	3	2	1
COLLEGE SUCCESS	5	4	3	2	1

The PTACHC Scholarship Committee would appreciate a statement about the applicant in the space below or in an attached letter with any comments you feel would be helpful to the committee.

Letter or recommendation attached: Yes _____ No _____

Signature _____ Date _____

Please mail to PTA Council of Howard County, 5451 Beaverkill Road, Columbia, MD 21044 or email to office@ptachc.org.