

SCHOLARSHIP RECOMMENDATION

TO BE COMPLETED BY STUDENT:

Name: _____ DOB _____

Address: _____
Street City State Zip

Declared: _____

This completed form is due by _____

TO BE COMPLETED BY PERSON MAKING RECOMMENDATION (employer, teacher, clergy, etc. not relative):

- ◆ Length of time you have known applicant: Years _____ Months: _____
- ◆ In what capacity do you know applicant (i.e., teacher, advisor, employer, etc.)? _____
- ◆ We are seeking information about qualities related to the applicant's potential for success in the major/career goal listed above. Please rate the candidate below and make any additional comments you desire.

Check Appropriate Column for Each Item Below:

Check Appropriate Column For Each item Below	Superior	Above Average	Average	Fair	Poor	Unable to Judge
Ability to Present Ideas						
Work Habits						
Leadership						
Enthusiasm						
Cooperation						
Resourcefulness						
Initiative						
Dependability						
Adaptability						
Potential for Success						

Comments (use additional sheet if necessary): _____

Recommendation completed by:

Name Signature

Title Date

This form must be mailed and received by March 31, deadline. Mail application to: Satchel Paige Foundation, P.O. Box 27041
 KCMO 64127-0470