

HAWORTH COLLEGE OF BUSINESS

SCHOLARSHIP RECOMMENDATION FORM 2011-12

The student named below is requesting your recommendation for a Haworth College of Business Scholarship. Please complete this form and RETURN IT BY FEBRUARY 11, 2011 TO:

Mr. Hal. Bates
Office of Academic Advising and Admissions
Haworth College of Business, WMU
Kalamazoo, MI 49008-5411

APPLICANT

Name:	WIN #:
--------------	---------------

REFERENCE

Name:	Phone:	Email:
--------------	---------------	---------------

1. Basis for Acquaintance: (List Specifics)

CLASSES: _____

PROJECTS: _____

EMPLOYMENT: _____

SOCIAL: _____

OTHER: _____

Additional Comments: _____

2. How Well Do You Know Applicant?

VAGUE RECOLLECTION: MODERATE FAMILIARITY: STRONG ACQUAINTANCE:

Additional Comments: _____

3. Use your best judgment to rate the applicant according to the following attributes:
(If you do not feel qualified to evaluate some factors, leave them blank)

	Below Average (lowest 25%)	Average	Somewhat Avg. (Top 40%)	Above Avg. (Top 10%)	Exceptional (Top 5%)
Overall Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what overall percentile would you place this student as compared to all the students you have known? _____%

Signature _____

Date _____