

Muskegon Catholic Central – Recommendation Form

This form is to be completed by one of the applicant’s current academic subject teachers (English, Language Arts, Social Studies, Math, Science) or by the by the applicant’s school guidance counselor or school principal. The completed form must be returned by school personnel directly to the Muskegon Catholic Central Business Office Attn: Scholarship Committee 1145 W. Laketon Ave., Muskegon, MI, 49441.

Name of student-applicant: _____

The student above is applying for an Academic Leadership Scholarship at Muskegon Catholic Central. We value your professional insight in helping us learn more about this applicant. Your candid evaluation will be one among several assessments that will help our Scholarship Committee select recipients. This completed form will be held in **strict confidence**. Please mail or fax directly to Scholarship Committee, Muskegon Catholic Central Business Office 1145 W. Laketon Ave. Muskegon MI 49441 Fax: 231-755-2415

How long have you known the applicant? _____

How would you describe the applicant? _____

What are the applicant’s strengths? _____

What have been your observations and/or knowledge of the applicant’s participation in extracurricular activities and/or community service activities?

Please circle the number that best applies in each of the following categories:

	Poor	Weak	Average	Good	Exceptional
Personal conduct/behavior	1	2	3	4	5
Character/personal integrity	1	2	3	4	5
Attitude toward learning	1	2	3	4	5
Class participation	1	2	3	4	5
Motivation/work ethic	1	2	3	4	5
Respect for others	1	2	3	4	5
Academic promise	1	2	3	4	5

Your overall recommendation of this applicant for an Academic Leadership Scholarship at Muskegon Catholic Central (please circle one):

Do not recommend Recommend with reservation Recommend without reservation

Additional comments or information that would be helpful to the Scholarship Committee:

Name of individual completing this form (please print): _____

Your position: _____ School: _____

Signature: _____ Date: _____ Phone: _____