

# LIMESTONE COMMUNITY HIGH SCHOOL SCHOLARSHIP FACULTY RECOMMENDATION

***The information requested on this form is confidential. Please answer the following questions honestly. The committee assures you that your replies will be held in strict confidence. This form is kept in a private file and is available only to the scholarship committee for review.***

Name of Applicant \_\_\_\_\_  
Last Name, First Name, Middle Initial

Name of Faculty Member (Signature) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what academic class(es) did you have this student? \_\_\_\_\_

In what other capacities have you known this student?

As a Coach  \_\_\_\_\_

Other \_\_\_\_\_

***Please evaluate the following characteristics for the applicant based on your experience with this student. (Check appropriate boxes)***

| <u>CHARACTERISTICS</u> | <u>EXCELLENT</u>         | <u>GOOD</u>              | <u>AVERAGE</u>           | <u>BELOW<br/>AVERAGE</u> |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual Interest  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability            | <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"/> |
| Maturity               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Adaptability    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Stability    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Succeed     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***PLEASE DO NOT OMIT—Please state your opinion of the applicant in support of, or in addition to, the items above; include what you consider to be the applicant’s significant talents and characteristics.***

Do you feel this person needs and deserves a Limestone Local Scholarship program scholarship?

Yes   
No

***Please complete the form and email or print and return to  
Stephanie Decker by 3 p.m., Monday - - - February 25, 2013.***