

Faulconer Scholarship Application Reference Form

Your signature indicates that you waive any right to access this letter of recommendation.

Applicant Signature _____ Date _____

Name (Please print) _____

To: _____
Name of person providing reference

The above applicant is applying for a scholarship at The Faulconer Scholarship Program. In addition to your letter of recommendation, we would appreciate your response to the questions on this form. Prompt return of this form will assist the applicant in meeting eligibility requirements for a scholarship. You may return this completed form to the applicant in a sealed envelope or mail it directly to: The Faulconer Scholarship Program, 3600 Old Bullard Road, Suite 501, Tyler, Texas 75701

How long have you known this student? _____

In what capacity? _____

If a former or current teacher, please list the courses you have taught this student, with the student's year in school, and indicate if advanced, dual credit, or honors courses.

What do you consider to be this student's academic and/or personal strengths?

What areas call for growth and improvement?

PLEASE CHECK THE MOST APPROPRIATE BOX CONCERNING THIS STUDENT

	No Basis for Judgement	Below Average	Average	Above Average	Excellent	One of the most Notable in my career
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to provide us with any additional information or comments about the applicant you feel would aid in making our selection (example: outstanding achievements, personal or family hardships, financial need, etc.)

Name _____ please print

Signature _____

Address _____

City _____ State _____ Zip _____ Tel (____) _____ - _____