



Scholarship Reference Form

SECTION I: To Be Completed by the Applicant

Name _____

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

Student Signature _____ Date _____

SECTION II: To Be Completed By Evaluator

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.)

2. Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.

3. What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?

4. Is there any additional information we should know about this applicant in regard to this scholarship award?

What is your overall recommendation?

Recommend with Confidence Recommend Recommend with Reservations Do Not Recommend

I may have concerns about this student. Please contact me.

Yes No

Preferred contact method: Phone Email

Evaluator's Name _____

Organization/Institution/Department _____

Title _____

Address _____

Phone Number _____ **Email** _____

Signature of Evaluator _____ **Date** _____