

## Steven M. Lewis Student Achievement Scholarship Recommendation Form

To be completed by the **STUDENT**: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
LAST FIRST MIDDLE DATE OF BIRTH

\_\_\_\_\_ **HOME** (\_\_\_\_\_) \_\_\_\_\_  
STREET

\_\_\_\_\_ **Electronic mail:** \_\_\_\_\_  
CITY/TOWN STATE ZIP

**College/University or Technical School:** \_\_\_\_\_

To the **RECOMMENDER**: \_\_\_\_\_

The person whose name appears above is applying for the Steven M. Lewis Student Achievement Scholarship. Each year, the Scholarship Selection Committee reviews recommendations regarding the applicant's eligibility and potential for success. Your appraisal of the applicant's academic ability, work habits, motivation, character, and likelihood of success in school will help us in making a decision. Please complete and return this form at your earliest convenience. Thank you.

1. How long have you known the recipient? From \_\_\_\_\_ to \_\_\_\_\_
2. What has been the nature your relationships to him/her? \_\_\_\_\_
3. Please give us your appraisal of the recipient, in terms of the qualities listed below:

<i><b>Qualifications:</b></i>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>No basis for Judgment</b>
Study/Work Habits	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty & Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success in Post-Secondary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommender's Name \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer/Type of Work \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

**OVER**



