



Carl Junction High School Athletic Booster Club Scholarship Application

Faculty Recommendation Form

Applicant's Name: _____

Faculty's Name: _____

In what capacity do you know this student?

Please return the completed form to the applicant in a sealed envelope.

Circle the most appropriate number (5 = highest and 1 = lowest)

Demonstrates leadership	5	4	3	2	1
Dedication to the classroom learning environment	5	4	3	2	1
Performs to the best of his/her ability	5	4	3	2	1
Sets a positive example in the classroom	5	4	3	2	1
Student is willing to learn	5	4	3	2	1
Exhibits good citizenship	5	4	3	2	1
Level of intensity	5	4	3	2	1
Willing to work hard to improve	5	4	3	2	1

Please comment on this student's academic performance and why you would recommend him/her for this scholarship. Additional pages may be attached. **Please return to the applicant in a sealed envelope.**
