

Organization of Black Maritime College Graduates Scholarship Application Recommendation Form

Applicant's Name _____

To the Applicant:

Please give this form to two References. Attach an envelope to each form with your name printed on the front and the Recommender's name on the back.

Collect the sealed and signed envelope and return them to Pat Norman, Advisor of the Culture Club (located in Student Affairs).

To the Recommender:

Thank you for your assistance. This recommendation form will be used for a scholarship application.

Candid appraisal of the applicant will not become part of the student's record file, nor will the applicant have access to the form.

How long and in what capacity have you known the applicant?

Please assess the applicant in the following categories:

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top 3 rd)	Fair (Middle 3 rd)	Poor (Bottom 3 rd)	Unable to Judge
Intellectual Ability						
Ability to work with others						
Oral Expression						
Maturity						
Initiative / Independence						
Creativity / Originality						
Motivation						
Personal Integrity						
Military Bearing						
Leadership						

What is your overall recommendation? (Check one)

Strongly Recommend [] Recommend with Reservation [] Do not Recommend []

Comments: (Please use back of form if needed)

Printed name of Recommender

Signature of Recommender

Position of Recommender

Date

Please seal this form in the attached envelope, sign across the seal and return as soon as possible directly to the applicant. Thank You.