Col. Mike Randerson Scholarship Recommendation Form

Name of Applicant: __________________________________________
College ID Number: ___________________________________________
Name of Reference: ____________________________________________
Title: _______________________________________________________
Address: ____________________________________________________________________________
City: __________________________________________ State: ___________ Zip: ____________
Telephone Number: __________________________________ Fax Number: _________________________
Email Address: ____________________________________________________________________________

How long have you known the scholarship applicant? ________________________________
In what capacity are you familiar with the applicant’s education and/or personal background? ________
_________________________________________________________________________________________
_________________________________________________________________________________________

Summary Evaluation
Compare applicant with a representative group of students who have had approximately the same amount of
experience:

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<th>Excellent (Upper 5%)</th>
<th>Above Average (Upper 10%)</th>
<th>Average (Upper 25%)</th>
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<td>General academic ability</td>
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<td>Imagination and creativity</td>
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<td>Motivation and initiative</td>
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<td>Ability to work with others</td>
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<td>Potential to succeed in a college program</td>
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Comments
Please comment on any aspect of the applicant’s background, experiences, community involvement, etc.,
that will help the scholarship committee evaluate this individual.
_________________________________________________________________________________________
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Signature: ___________________________ Date: __________________________

Return this form to APPLICANT in a sealed envelope, so it may be submitted with the application before the
deadline.

SCHOLARSHIP DEADLINE: February 28, 2016
FORM MAY BE PHOTOCOPIED