Col. Charles E. McGee 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? ______________
_________________________________________________________________________________
_________________________________________________________________________________
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_________________________________________________________________________________

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

<table>
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<tr>
<th>Excellent (Upper 5%)</th>
<th>Above Average (Upper 10%)</th>
<th>Average (Upper 25%)</th>
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<tbody>
<tr>
<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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</table>

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