

Recommendation Form

(To be filled out by individuals who are recommending the applicant.)

Name of Scholarship Applicant _____

Name of Respondent _____

Position _____ Institution/Employer _____

Address _____

Phone _____ Email _____

Compared to other students/soldiers you have taught or known, rate the applicant on each characteristic. Use at 1 to 10 scale with 1 being extremely deficient and 10 being the very best you have ever had. (Please circle the appropriate number.)

| | | | | | | | | | | |
|-----------------------------|---|---|---|---|---|---|---|---|---|----|
| Academic Ability | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| General Knowledge | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Oral Expression Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Originality | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Desire to Achieve | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Ability to Work with Others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Leadership Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Independence/Initiative | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Professional Commitment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Research Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Potential for Success | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

The individual who has requested your recommendation is applying for a Corporal Jason L. Dunham Memorial Scholarship Fund for the upcoming academic year. The Scholarship Committee would appreciate receiving your judgment of the applicant. In particular, your impression of the candidate's academic record, scholastic ability or potential, motivation, preparation, leadership skills and any other characteristics that you believe are related to his/her success would be especially welcome. Indication of the candidate's financial need, if known, would also be helpful. Please answer the following:

How long have you known the applicant? _____

In what capacity? _____

Please note that the Recommendation Form must be received by the Scholarship Committee no later than the to be determined deadline. **Delay will penalize the applicant.**

The Scholarship Committee is most grateful for your valuable help in selecting the best applicants for the award.

Please mail your reply directly to: 187 Pinehurst Avenue • Suite 1-B • New York, New York 10033

X
 Respondent Signature _____ Date _____