

## FACULTY RECOMMENDATION FORM

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Student's Name (please print): \_\_\_\_\_

Faculty's Name (please print): \_\_\_\_\_

The above-named student has requested that you recommend him/her for the NSHRF Award. Please return the completed form to the Office of Student and Academic Services or to the mailbox of the Director of Financial Aid and Student Counseling no later than 4:00pm, Tuesday, March 30, 2010.

Please rank the above-named student using the following criteria with 1 being the lowest rank and 5 the highest:

Maturity:	(low)	1	2	3	4	5	(high)
Initiative:	(low)	1	2	3	4	5	(high)
Imagination:	(low)	1	2	3	4	5	(high)
Class contribution:	(low)	1	2	3	4	5	(high)
Commitment:	(low)	1	2	3	4	5	(high)

Please include additional comments you wish to make about the applicant (i.e. other indicators of achievement, effort and promise):

Do you feel that you are in a good position to evaluate this candidate? Please explain:

In the context of your teaching experience, please rank the above-named applicant by circling one of the following:

Top 2%      Top 5%      Top 10%      Top 25%      Top 50%      Below Average

**Signature:** In submitting this recommendation form I understand and agree that, should the above-named student be awarded a scholarship, some information contained in this recommendation may be provided to the scholarship donor.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_