

**ACTCM Scholarship
Faculty Recommendation Form**

Section 1: General Information	
Candidate's Name	
Anticipated Completion Date	
How long have you known the applicant?	
In what capacity do you know the applicant?	

Section 2: Candidate Evaluation					
I would compare the candidate with other individuals of the same level as follows:	Exceptional	Above Average	Average	Below Average	No Information
Intellectual ability					
Writing ability					
Speaking ability					
Leadership ability					
Interpersonal skills					
Maturity					
Initiative					
Responsibility/dependability					

Overall evaluation: Compared to other ACTCM students at the same level, I would rank this candidate in the top
 ___ 1% ___ 5% ___ 10% ___ 25% ___ 50% ___ Not sure

Please comment on any aspects of the applicant that you think will help the scholarship review board evaluate this individual.

Faculty name: _____

Date: _____

Faculty Signature: _____

Faculty: Please place in sealed envelope, sign across the seal and return to the financial aid office.