

# RECOMMENDATION FORM

## MARY ANNE BERLINER FOUNDATION SCHOLARSHIP GRANT

**APPLICANT:** \_\_\_\_\_

*In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this recommendation by signing my name below. This recommendation will be held in confidence by the Scholarship Selection Committee of the Mary Anne Berliner Foundation, for use in scholarship selection only.*

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**REFERENCE:**

I know the applicant in the following manner: \_\_\_\_\_

Length of acquaintance with applicant: \_\_\_\_\_ Are you a relative? \_\_\_\_\_

Please check the appropriate box for each characteristic of the applicant:

Characteristic	Below Average	Average	Above Average	Top 10%	Top 5%
Initiative/motivation					
Intellectual curiosity					
Oral communication					
Written communication					
Creativity					
Energy					
Self-confidence					
Leadership/Influence					
Responsibility					
Integrity					
Concern for Others					
Warmth of personality					
Sense of humor					
Emotional maturity					
Reaction to setbacks					
Respect by faculty					
Respect by peers					

**PERSONAL COMMENTS** *(Additional comments may be made on the reverse side of this page):*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer