

## Scholarship Recommendation

TO BE COMPLETED BY APPLICANT (Please type or print clearly)

Name \_\_\_\_\_ Tech ID: \_\_\_\_\_  
last first middle

School \_\_\_\_\_  
name city state

TO BE COMPLETED BY TEACHER OR COUNSELOR. INDIVIDUAL RECOMMENDATION LETTERS ARE ALSO ACCEPTABLE.

In comparison with other students, please rank the applicant with respect to the following: (circle one)

	Low		Average			High	
Intellectual ability	1	2	3	4	5	6	7
Initiative	1	2	3	4	5	6	7
Responsibility	1	2	3	4	5	6	7
Classroom participation	1	2	3	4	5	6	7
Extracurricular involvement	1	2	3	4	5	6	7
Leadership	1	2	3	4	5	6	7
Ability to work with peers	1	2	3	4	5	6	7
Communication skills	1	2	3	4	5	6	7

What are the applicant's strongest characteristics and abilities?

Describe how long and how well you have known the student as the basis for making your recommendation. Also include any other factors which you believe should be considered in our evaluation.

Recommendation completed by: (please print) \_\_\_\_\_

Title: \_\_\_\_\_ School: \_\_\_\_\_

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

**Postmark Deadline: January 15, 2010**  
 Please return this letter of recommendation to:  
 Office of Admissions  
 Minnesota State University, Mankato  
 122 Taylor Center  
 Mankato, MN 56001  
 Fax: 507-389-1511