

Allendale Athletic Booster Scholarship

RECOMMENDATION FORM

Applicant: Please insert your name in the space below and give this form to the person who will be completing the recommendation.

(NAME) _____ is applying for the Allendale Athletic Booster Scholarship. The award of \$500 is applicable to any two or four-year College or institution. The award is based on athletic participation, scholarship and character. Please complete the recommendation form below. Please be honest in the evaluation of this student.

Circle the appropriate number that reflects the rating of the characteristic of this student.

	Below Average	Average	Good	Very Good	Excellent
Attitude	1	2	3	4	5
Motivation	1	2	3	4	5
Leadership	1	2	3	4	5
Character	1	2	3	4	5
Ability to relate to peers	1	2	3	4	5

Please comment on the candidate's qualifications as they apply to this scholarship. The back of this form may be used if needed.

Signature

Title

Date

Print Name

Phone Number

The above ratings will be treated in a confidential manner and will be used solely in assisting in the selection process for this scholarship. ***Please return this form in a sealed envelope by Monday, May 17:***

Allendale Athletic Boosters
SCHOLARSHIP
10760 68th Avenue
Allendale, MI 49401