



SCHOLARSHIP RECOMMENDATION FORM

Scholarship Applicant: Complete Scholarship Applicant information, detach, and give this form to your reference for completion and submission. **Your reference must return this form directly to the LTC Foundation, Inc.** Please provide your reference with a stamped envelope addressed to the LTC Foundation, Inc.

SCHOLARSHIP APPLICANT
(This section to be completed by scholarship applicant.)

Name _____

City/State/Zip _____

Phone _____ Email _____

LTC Program _____

SCHOLARSHIP REFERENCE
(This section to be completed and submitted by an instructor, work supervisor, counselor, clergy or other nonrelated source.)

Reference Name _____

City/State/Zip _____

Phone _____

Relationship to Applicant (please circle) instructor work supervisor counselor clergy

other nonrelated source (specify) _____

The Scholarship Applicant:	Rank (Please Check)				
	Excellent	Very Good	Good	Average	Poor
1. Handles responsibility in a dependable manner.	_____	_____	_____	_____	_____
2. Plans and works cooperatively with others.	_____	_____	_____	_____	_____
3. Effectively manages time and workload.	_____	_____	_____	_____	_____
4. Demonstrates ability to listen effectively.	_____	_____	_____	_____	_____
5. Receives and accepts feedback.	_____	_____	_____	_____	_____
6. Is adaptable.	_____	_____	_____	_____	_____
7. Exhibits positive attitude.	_____	_____	_____	_____	_____
8. Shows desire to learn and improve.	_____	_____	_____	_____	_____
9. Has ability to communicate effectively in written and verbal form.	_____	_____	_____	_____	_____
10. Demonstrates respect for others through word and action.	_____	_____	_____	_____	_____

Signature of Reference _____ Date _____

Scholarship Reference: Send this form directly to the LTC Foundation, Inc. using the preaddressed, stamped envelope provided by the scholarship applicant. **To ensure consideration, forms must be received no later than November 1 or April 15.**