



John Braheny Scholarship
Recommendation Form

Section 1 – To Be Completed by the Student

Name of Applicant:

Last First Middle

Current Mailing Address:

Street Apt.#

City State Zip

Candidate's degree expected: _____ Date expected: _____

As of September of this year, the student will be a _____ (Sophomore/Junior/Senior)

Section 2 – To Be Completed by the Recommender

Name _____

Title _____

Name of School/Company:

School/Company Address:

Phone #: _____ E-mail address: _____

May we contact you if we have any questions? Yes No

If so, preferred method: Phone E-mail

Course(s) taught to student with date(s):

How long and in what capacity have you known the student?

RATINGS: Compared to other students you have taught, please rate this student on a scale of 1 (lowest) to 5 (highest) in the following categories:

____ Academic potential	____ Communication skills	____ Drive
____ Academic achievement	____ Class participation	____ Helps others
____ Resourcefulness	____ Desire to learn	____ Knows what they want
____ Maturity	____ Comes prepared	____ Music career potential
____ Dependability		

ADDITIONAL COMMENTS: Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. Please sign and date any additional sheets.

Signature

Date

Please return this recommendation form by March 31st to: scholarship@theccc.org.