



RECOMMENDATION FOR MISSOURI MINORITY TEACHER EDUCATION SCHOLARSHIP

PRINT OR TYPE

THIS RECOMMENDATION MUST BE RETURNED BY THE APPLICANT NO LATER THAN FEBRUARY 15. APPLICATIONS THAT DO NOT CONTAIN THE THREE RECOMMENDATION FORMS WILL NOT BE CONSIDERED.

TO BE COMPLETED BY THE APPLICANT

NAME OF APPLICANT SCHOOL NAME SOCIAL SECURITY NUMBER

TO BE COMPLETED BY THE REFERENCE

PRINCIPAL/DEPARTMENT CHAIR/COUNSELOR TEACHER/PROFESSOR BUSINESS/PROFESSIONAL

INSTRUCTIONS The above named student is applying for the Missouri Minority Teacher Education Scholarship. Please rate this individual with respect to other students of comparable age and experience by placing an "X" in the appropriate block.

Table with 7 columns: Characteristic, Superior, Above Average, Average, Below Average, Poor, No Basis for Rating. Rows include Personality, Attitude, Maturity, Originality and Initiative, Motivation, Dependability, Communication Skills (Written and Oral Expression), and Interpersonal Skills.

GENERAL COMMENTS - PLEASE COMMENT ON THE ABOVE CHARACTERISTICS OR ON THE SPECIAL QUALITIES OF THIS APPLICANT.

Large empty box for general comments.

KNOW WELL THROUGH MULTIPLE CONTACTS KNOW FAIRLY WELL THROUGH CONTACTS HAVE HAD SOME CONTACT WITH

NAME OF PERSON PROVIDING THIS RECOMMENDATION (PLEASE PRINT) POSITION (PLEASE PRINT)

ADDRESS (PLEASE PRINT) SIGNATURE DATE