BERRY COLLEGE COMMUNICATION SCHOLARSHIP RECOMMENDATION FORM

Applicant's name

_____
Last First Middle

Teacher recommending the student _____

High School _____ State/ County _____

How long have you known the applicant? _____

What was your relationship? Advisor _____ Counselor _____ Teacher _____

How would you classify the student's general academic ability?
_____ superior _____ above average _____ average _____ below average

RATINGS OF STUDENT'S WORK

	Needs Improvement	Above Average	Average	Superior
Enthusiasm/Motivation	_____	_____	_____	_____
Reliability/Promptness	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____
Standing w/other students	_____	_____	_____	_____
Creativity	_____	_____	_____	_____

Please describe the applicant's strengths and weaknesses in communications/ publications. Please include statements concerning the capacity in which you have known the student, the individual's personal qualities, your general evaluation of the student and his/her potential. (Use back of necessary)

_____

_____

_____

_____

_____

_____

Signature _____Date _____

Please send completed recommendation form by **March 1** to: Diane Land/ Communication Department/ P.O. Box 299/ Berry College/ Mt. Berry, GA 30149-0299.