



UNIVERSITY of ST. THOMAS

Recommendation Form

Latino Leadership Scholarship
Center for Catholic Studies

Name of Applicant

Student: Please sign the authorization and give this form to the person recommending you.

I hereby authorize _____ to complete this form.

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared.

Yes

No

Signature

Date

The student named above is applying for a Latino Leadership Scholarship. Please evaluate this student's potential for adjusting to the pressures and responsibilities of living and studying at the university level. This form will be sent to the Scholarship Committee with other application materials. **Please complete and return this form by March 1, 2010 to:**

**Latino Scholarship Committee
University of St. Thomas
2115 Summit Avenue
55-S
St. Paul, Minnesota 55105-1096**

Please answer the following questions. Attach additional documentation if necessary.

1. How long and in what capacity have you known the applicant?

2. Have you had the opportunity to discuss the scholarship with the student? Will the student pursue a degree even without this scholarship? How? Why?

3. What qualities does the applicant possess which will enable her/him to succeed academically?

4. If appropriate, please comment on the applicant's service to the parish and/or community.

5. According to the following criteria, how would you evaluate the candidate?					
	Unable to Evaluate	Low	Acceptable	Very Good	Excellent
Sense of responsibility					
Academic performance					
Resourcefulness					
Respect for customs, rules and values of others					
Likes to be challenged					

If you were a resident director of a volunteer program, would you want this student in your program?

Recommend without reservation
 Recommend with reservation
 Not recommended

Recommendation based:

Primarily on records
 On some personal contact
 On significant personal contact
 From secondary sources

Please feel free to make additional comments.

Name	Position
Institution	Telephone
Signature	Date