**Wabasha-Kellogg Community Scholarship TEACHER Recommendation Form**

**Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above-named applicant is being considered for a Wabasha-Kellogg Community Scholarship. Scholarship donors/committee members will use this form to gain a better understanding of the applicant's personal qualities, leadership, and character. Please return this form to the applicant for inclusion in their scholarship application packet.

**Teacher Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For how long have you know this applicant and in what capacity (What classes/extracurriculars)?**

**Applicant Ratings**

*Please rate this student compared to other students in their class*

 Below Average Average Good Very Good Excellent No Ability to Judge

Academic Success in my class ☐ ☐ ☐ ☐ ☐ ☐

Creative or Problem Solving Abilities ☐ ☐ ☐ ☐ ☐ ☐

Extracurricular Involvement☐ ☐ ☐ ☐ ☐ ☐

Time Management/Self Discipline ☐ ☐ ☐ ☐ ☐ ☐

Keeps Commitments/Meets Deadlines ☐ ☐ ☐ ☐ ☐ ☐

Respect for Self ☐ ☐ ☐ ☐ ☐ ☐

Respect for Others ☐ ☐ ☐ ☐ ☐ ☐

Initiative☐ ☐ ☐ ☐ ☐ ☐

Work Ethic☐ ☐ ☐ ☐ ☐ ☐

Character and Integrity ☐ ☐ ☐ ☐ ☐ ☐

Potential for Growth ☐ ☐ ☐ ☐ ☐ ☐

Attendance and Punctuality ☐ ☐ ☐ ☐ ☐ ☐

**Do you believe this scholarship money will be put to good use? Explain.**

**Why do you think this student is deserving of a scholarship?**

Signature of teacher:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**