

# Col. Charles E. McGee Scholarship Recommendation Form

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Name of Applicant: \_\_\_\_\_  
 College ID Number: \_\_\_\_\_  
 Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 How long have you known the scholarship applicant? \_\_\_\_\_  
 In what capacity are you familiar with the applicant's education and/or personal background? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Summary Evaluation**

Compare applicant with a representative group of students who have had approximately the same amount of experience:

	Excellent (Upper 5%)	Above Average (Upper 10%)	Average (Upper 25%)
General academic ability			
Imagination and creativity			
Motivation and initiative			
Ability to work with others			
Potential to succeed in a college program			

**Comments**

Please comment on any aspect of the applicant's background, experiences, community involvement, etc., that will help the scholarship committee evaluate this individual.

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to APPLICANT in a sealed envelope, so it may be submitted with the application before the deadline.**

**SCHOLARSHIP DEADLINE: February 28th  
 FORM MAY BE PHOTOCOPIED**