

Recommendation Form

Student: Provide this form to a **teacher, MESA staff, or community** member who can comment about your potential to succeed in engineering, math, or computer science.

Evaluation of: _____ By: _____ Title: _____

To the individual completing this form:

The person whose name appears above has applied for the MESA Scholarship. The selection committee would appreciate your answering the questions below in a specific and candid manner, noting in particular incidents that illustrate the student's academic potential to succeed in engineering, math, or computer science. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable. Please understand that your recommendation may be made available for inspection at the student's request pursuant to the Family and Educational Rights and Privacy Act of 1974 and related laws and regulations.

I. Rating Scale: (Please check the appropriate category). Feel free to submit a separate letter of recommendation (optional)

| | Superior | Good | Average | Poor | No Opinion |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Critical thinking ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written expression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Empathy, ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity, behavior under pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mathematical ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poise, general appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability, responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breadth of intellectual interest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Questions & Comments: (Please print or type)

1. How long have you been involved with the applicant? _____ Years _____ Months
2. Overall recommendation of the student for the scholarship:

| | | |
|--|---|--|
| <input type="checkbox"/> Highest Recommendation | <input type="checkbox"/> Strongly Recommend | <input type="checkbox"/> Recommend as Satisfactory |
| <input type="checkbox"/> Not Suitable at this time | <input type="checkbox"/> Not Recommended | <input type="checkbox"/> Insufficient Evidence to Evaluate |
3. Additional Comments: _____

4. Please note any contributions the student made towards the community of learners. _____

5. On a separate piece of paper please explain why this individual is deserving of this scholarship.

Recommender Signature: _____ **Date:** _____