

The Zac Felkey Memorial Scholarship

Montana State University

Zac Felkey Scholarship Recommendation Form

The student whose name appears below is applying for a scholarship offered to Veteran's at Montana State University. We would appreciate your frank evaluation of the applicant. This information will be held in strict confidence.

Please check the appropriate column expressing your judgment of the student's qualifications and abilities. Any further explanation you care to make may be written under "comments" or included in an attached letter.

Name of applicant: _____

Campus/ local address: _____

General Qualifications

	Superior	Above Average	Average	Below Average	Remarks
Dependability					
Honesty/ Integrity					
Leadership					
Initiative					
Ability to work with people					
Scholarship					

Would you recommend this student for a scholarship? ___ Highly Recommend ___ Recommend ___ Not Recommend

Relationship to applicant: ___ Advisor ___ Teacher ___ Supervisor ___ Other

How long have you known the applicant? _____

How often do you work with student: ___ daily ___ weekly ___ monthly ___ occasionally

COMMENTS:

Name of person completing this form (please print): _____

Signature: _____ Date: _____ Phone: _____

Address: _____ Position: _____

Please return completed form to : Zac Felkey Memorial Scholarship Committee,

Veteran Services office, Room 180 SUB. Fax#: (406) 994-3943

RETURN NO LATER THAN 5 P.M. on April 16, 2010