



Candidate's Full Name _____

The above named candidate is being considered for a Wallace Community College Career Technical Institutional Scholarship. Please complete the survey to the best of your ability.

Please return this form to the applicant to be uploaded electronically into the applicant's online scholarship application.

Name of Person completing form _____

Phone number _____ Email address _____

Relationship to Applicant _____

Overall impression of candidate: (please circle the number that most closely reflects your opinion)	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. Recommend applicant for scholarship	0	1	2	3	4	5
2. Acts Responsibly	0	1	2	3	4	5
3. Attendance is regular with limited absenteeism	0	1	2	3	4	5
4. Exceptional social skills	0	1	2	3	4	5
5. Respectful and courteous	0	1	2	3	4	5
6. Displays initiative	0	1	2	3	4	5
7. Exhibits ability to keep commitments	0	1	2	3	4	5
8. Exhibits leadership potential	0	1	2	3	4	5
9. Results Oriented	0	1	2	3	4	5
10. Exhibits a high level of maturity	0	1	2	3	4	5

Comments: _____

Signature _____

Date _____