

**Douglas County 4-H Foundation Scholarship**  
Personal Recommendation Form

Name of applicant

Last name

First name

M.I.

School

Name

City

State

Zip

**To the applicant:** Print your name in the space above. Four personal recommendations are required for scholarship consideration. One must be completed by a teacher who has taught you in an academic subject during college or high school. The second form may be given to someone who has known you outside the classroom such as a coach, minister, 4-H leader, employer, administrator, etc.

**To the recommender:** We recognize that completing this form will consume a considerable amount of your time. The granting of these awards will rest in large measure on the information and personal evaluations included on this form. Your recommendation will help the committee make an informed decision.

**Due date: March 1st.** This form must be returned to the 4-H office no later than March 1 to be considered. Forms received by the Douglas County 4-H office after March 1st WILL NOT be considered.

**Confidentiality:** Information included on this form is used only by the 4-H Scholarship Selection Committee and will be treated confidentially.

**General Rating:** How long have you known this student and in what capacity? If you taught this student, please indicate subject(s) and number of years.

What are the first words that come to mind when describing this applicant?

Compared to other college or college-bound students with whom you have contact, how would you rate this individual?

No basis for judgment		Below Average	Average	Good Above average	Very good Well above ave	Excellent Top 10%	One of top few ever encountered
	Creativity, originality						
	Motivation, initiative						
	Independence, self confidence						
	Intellectual curiosity						
	Academic ability						
	Written expression of ideas						
	Effective class discussion						
	Disciplined work habits						
	Emotional maturity						
	Leadership skills						
	Integrity						

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In my view, the main factors contributing to the respect accorded this student are:

- |  |   |
|--|---|
| <input type="checkbox"/> Superiority in performance of tasks | <input type="checkbox"/> Interest in other people |
| <input type="checkbox"/> Genuine interest in learning        | <input type="checkbox"/> Personality              |
| <input type="checkbox"/> Accomplishment in activities        | <input type="checkbox"/> Other (please specify):  |

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Leadership in activities

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In my view, this student's challenges are:

- |  |  |
|--|--|
| <input type="checkbox"/> Intellectual arrogance        | <input type="checkbox"/> Absence of warm personality |
| <input type="checkbox"/> Difficulty relating to others | <input type="checkbox"/> None of the above           |
| <input type="checkbox"/> Manners and personal habits   | <input type="checkbox"/> Other (please specify):     |

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Poor reaction to setbacks

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**Evaluation:** Please write whatever you think is important about the applicant including a description of academic and personal characteristics. The committee is interested in the applicant's intellectual purpose, motivation, maturity, integrity, independence, originality, leadership potential, growth, talents, and enthusiasm. We welcome information that helps us differentiate this student from others.

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

Relationship to Application: \_\_\_\_\_

Please return the completed form in a confidential envelope to:  
CSU Extension/Douglas County  
Attention: Tina O'Bryan  
410 Fairgrounds Rd.  
Castle Rock, Co 80104

Revised 1/19