
Name of Recommender

Occupation/Title

CHARACTER RECOMMENDATION

NOTE TO APPLICANT: Please fill in your name and address, and then give this sheet to an adult, other than a family member, who knows you well enough to answer all or most of the questions.

NAME OF APPLICANT: _____
Last First Middle

ADDRESS OF APPLICANT: _____
Address

City

State

Zip Code

NOTE TO RECOMMENDER: Please fill out this sheet and return it to Pella Rolscreen Foundation in the envelope provided. Your comments are confidential and will not be revealed to the applicant.

How many years have you known the applicant? _____

What relationship to the student are you? _____

Please indicate with an X in the appropriate space below how you would rate the applicant in each of the following characteristics (in comparison with others about the same age).

	Excellent	Good	Average	Below Average	Unknown
Trustworthiness					
Respect					
Responsibility					
Fairness					
Caring					
Citizenship					
Maturity					
Leadership					
Cooperation					
Intellectual Interest					

Do you think the applicant will succeed in college? _____

What do you think are the applicant's most significant talents? _____

What do you think are the applicant's most significant limitations? _____

Please use the reverse side of this sheet for additional comments if needed.