
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 email it to weavertj@pella.com or mail to Tiffany Weaver, Pella Rolscreen Foundation, 102 Main Street, Pella, IA, 50219. Your comments are confidential and will not be revealed to the applicant.

How many years have you known the applicant?

What is your connection to the applicant?

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
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.

Pella Rolscreen Foundation · Attention Tiffany Weaver · 102 Main Street · Pella, IA 50219