

ALL APPLICATION PACKET
MATERIALS MAY BE COPIED FOR
DISTRIBUTION TO APPLICANTS.

WILLIAM M. EVANS SCHOLARSHIP

presented by
BOSE McKINNEY & EVANS LLP

LETTER OF RECOMMENDATION

Applicant's Name: _____
Last First Middle

Applicant's Address: _____
Street

City State Zip

APPLICANT SHOULD COMPLETE THE FOLLOWING

WAIVER OF ACCESS

I have requested that this recommendation be submitted for use in the **WILLIAM M. EVANS SCHOLARSHIP** application. (Applicant: check one of the following sentences in accordance with the Family Rights and Privacy Act.)

___ I waive access to this report. It shall therefore be considered confidential and not available to me.

___ I do not waive access to this report.

Date: _____ Applicant's Signature: _____

NOTE TO EVALUATOR:

If the applicant has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to the members of the Scholarship Award Committee and appropriate staff of Bose McKinney & Evans. If the applicant has not agreed, this report will be made available to the applicant upon request.

INSTRUCTIONS

To the Applicant:

After you have filled in and signed the front of this form, give it to one of the three people you have chosen to recommend you.

Chosen evaluators should be adults who can personally testify to your academic abilities and personal character.

Chosen evaluators cannot be your relatives. It is recommended that you provide two evaluators who are your former or present teachers and one evaluator who is a family friend.

No application will be considered complete without this information.

IMPORTANT:

BE SURE TO COMPLETE AND SIGN THE FRONT OF EACH LETTER OF RECOMMENDATION.

IT IS YOUR RESPONSIBILITY TO COLLECT AND SUBMIT ALL THREE COMPLETED AND SIGNED LETTERS OF RECOMMENDATION AT THE SAME TIME YOUR APPLICATION IS SUBMITTED TO THE SCHOLARSHIP AWARD COMMITTEE.

To the Evaluator:

The information that you supply concerning this applicant's personality and motivation is very important in the final evaluation.

No application will be considered complete without this information.

IMPORTANT:

AFTER YOU HAVE COMPLETED THIS RECOMMENDATION, SEAL IT IN AN ENVELOPE WITH THE APPLICANT'S NAME WRITTEN ON THE OUTSIDE OF THE ENVELOPE.

RETURN THE ENVELOPE TO THE APPLICANT FOR SUBMISSION TO THE SCHOLARSHIP AWARD COMMITTEE.

For further information, contact Coles Marketing Communications at (317) 571-0051.

Applicant's Name

1. How long have you known the applicant? _____

2. Under what circumstances have you known the applicant? _____

3. Do you believe the applicant has the ability and is likely to succeed in a post-secondary educational program? _____ Yes _____ No Please explain why or why not.

4. Based on your knowledge of the applicant, please answer the following questions:

a.) What are the applicant's greatest strengths and assets?

b.) What are the applicant's greatest weaknesses and liabilities?

Applicant's Name

5. With a checkmark, please rate the applicant on each of the following characteristics (as compared to his/her peers):

Characteristic	Below Average	Average	Above Average	Superior	Unknown to Me
Emotional Maturity					
Social Skills					
Leadership Ability					
Self-Motivation					
Intellectual Curiosity					

6. Please summarize your primary reason for recommending this applicant (merit, need, etc.).

(PLEASE PRINT)

Evaluator's Name: _____
Last First Middle

Occupation or Title: _____

Evaluator's Address: _____
Street

City State Zip

Evaluator's Telephone: () _____ or () _____
Daytime Evening

SIGNATURE: _____ DATE: _____

(Note: This recommendation will not be considered complete without the evaluator's signature.)