



Texas Skyward User Group



2010 Scholarship Application Teacher Recommendation Form

You have been asked to submit an evaluation for _____.
Student Name

Please complete the following form, and return it to: TSUG Scholarship Committee c/o Scott E. Weber, Director of Finance & Operations, Allen ISD, PO Box 13 Allen, TX 75013 recommendation must be postmarked on or before Friday May 21, 2010. If a packet does not include two Teacher Recommendation Forms, the student's application will be considered incomplete and they will not be considered for a scholarship.

Your comments will be kept confidential.

Compared to other college-bound students, check how you would rate this applicant:

	No basis for Judgement	Below average	Average	Good (above average)	Excellent (top 10%)	Exceptional (top 2-3%)	One of the top few
Academic motivation							
Academic achievement							
Academic growth potential							
Written expression of ideas							
Effective class discussion							
Disciplined study habits							
Self-confidence							
Sense of responsibility							
Emotional maturity							
Personal initiative							

Provide any comments that would help explain your evaluation of the student. (optional) _____

Provide any other helpful information about this student. (optional) _____

Your name _____

Position _____

Signature _____

Date _____