



DELTA LIFE DEVELOPMENT FOUNDATION, INC.

SCHOLARSHIP RECOMMENDATION FORM

MUST BE SUBMITTED BY CHURCH, COMMUNITY OR OTHER SCHOOL PERSONNEL WHO KNOWS YOU WELL

Applicant _____ Date _____

Please evaluate the applicant on the following characteristics on a scale of 1-5.

(1) Below Average (2) Average (3) Good (4) Excellent (5) Superior or (N/A) Not able to make an evaluation

1. Communicates well with others _____
2. Is prompt _____
3. Performs well under stressful conditions _____
4. Demonstrates good citizenship _____
5. Is supportive of the school, community, and /or church program _____
6. Works cooperatively with others _____
7. Strives toward his/her greatest academic potential _____
8. Demonstrates sensitivity _____
9. Has a pleasing personality _____
10. Give an overall rating of the applicant _____

Additional Comments _____

Evaluator's Signature

Position or Title



DELTA LIFE DEVELOPMENT FOUNDATION, INC.

SCHOLARSHIP RECOMMENDATION FORM

MUST BE SUBMITTED BY THE PRINCIPAL OR SENIOR COUNSELOR

Applicant _____ Date _____

Please evaluate the applicant on the following characteristics on a scale of 1-5.

(1) Below Average (2) Average (3) Good (4) Excellent (5) Superior or (N/A) Not able to make an evaluation

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