



## PERSONAL RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: \_\_\_\_\_

TO BE COMPLETED BY THE INDIVIDUAL MAKING THE RECOMMENDATION:

The above named applicant is applying for a TSCRF Scholarship and is requesting that you provide a recommendation based on your personal knowledge of the applicant. Please complete this form and return it directly to the TSCRF Scholarship Committee. Your comments are confidential and will not be shown to the applicant.

***Note: This form is required to complete the application. Additional pages may be attached if necessary but letters of recommendation will not be accepted in lieu of this form.***

How long and in what capacity have you known applicant?

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Why do you believe the applicant is deserving of this scholarship?

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Please check your appraisal of applicant's ability to succeed in college:

\_\_\_ Excellent \_\_\_ Very Good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ No Opinion

Please rate the applicant on the following characteristics based on his/her performance:



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	Excellent	Very Good	Average	Poor	Not Observed
Academic Ability					
Leadership Skills					
Personal Integrity					
Displays Initiative					
Willingness to Accept Responsibility					
Interpersonal Skills					
Communication Skills (Written & Oral)					
Time Management Skills					

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Return by January 27<sup>th</sup> to:**  
 Texas & Southwestern Cattle Raisers Foundation  
 Scholarship Committee  
 1600 Gendy Street  
 Fort Worth, TX 76107