

**SCHOOL OF TECHNOLOGY SCHOLARSHIP
FACULTY RECOMMENDATION FORM**

Applicant's Name: _____

This section is to be completed by the applicant. Please print or type . If you do not know this information, please check with Ms. Dawson in KH 1021.

Semester Hours Completed: _____

Semester Hours Transferred: _____

Semester Hours at EIU: _____

Cumulative GPA: _____

The named applicant is being considered for a scholarship. You have been chosen by the applicant to aid us in our selection of this year's recipients. The information you provide will be available only to the SOT Scholarship Committee members.

On a scale from one (1) to ten (10), rank the nominee on each of the following qualities.
(10 = highest rating)

Competence in his/her academic area:	10	9	8	7	6	5	4	3	2	1
Motivation and diligence:	10	9	8	7	6	5	4	3	2	1
Creativity and resourcefulness:	10	9	8	7	6	5	4	3	2	1
Emotional maturity:	10	9	8	7	6	5	4	3	2	1
Ability to work with others:	10	9	8	7	6	5	4	3	2	1
Communication skills:	10	9	8	7	6	5	4	3	2	1
Personality:	10	9	8	7	6	5	4	3	2	1
Attitude toward discipline, school and university:	10	9	8	7	6	5	4	3	2	1
Dependability:	10	9	8	7	6	5	4	3	2	1
Appearance:	10	9	8	7	6	5	4	3	2	1
Overall Potential:	10	9	8	7	6	5	4	3	2	1

Comments (use back if necessary):

Date

Faculty Name and Signature

Faculty Member: Please return this form by **February 25, 2009** to: School of Technology - KH 1014.