

# Geno Thomas Memorial Scholarship Fund

# Recommendation Checklist Form 2

(Checklist should be completed by 2<sup>nd</sup> recommender in addition to a one-page letter of recommendation)

## Section 1: Applicant Information (To be completed by applicant)

Applicant's Name		
Name of Recommender		
Relationship to Applicant	<i>(Circle One):</i> <b>Professional or Personal</b>	<b>Relationship:</b>
Length of Acquaintance		

## Section 2: Candidate Evaluation (To be completed by the recommender)

*Directions: Please rate the applicant on the following criteria. Place an "X" along each line, rating the applicant from Excellent to Poor. If you do not know about a particular area, place an "X" under Unknown.*

I would compare the candidate with other individuals of the same level as follows:	Excellent	Good	Average	Poor	Unknown
Creativity					
Dependability					
Enthusiasm					
Initiative					
Leadership					
Ability					
Maturity					
Perseverance					
Responsibility					
Scholastic					
Potential					

**Overall Evaluation:**                      **Excellent**                      **Good**                      **Average**                      **Poor**  
*(circle one)*

You are encouraged to comment on the above ratings or on any other factors that you consider pertinent. Your ratings and comments will be held in confidence. **In addition, provide a one-page letter about the candidate.** Thank you for your time and cooperation from the Geno Thomas Memorial Scholarship Fund.

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_  
 Position \_\_\_\_\_  
 Address \_\_\_\_\_

**Applicants should provide references with an addressed/stamped envelope to:**  
 Geno Thomas Memorial Scholarship Fund  
 Attention: Selection Committee  
 PO Box 24262.  
 Richmond, VA 23224