 

**Albright Gemlick Scholarship**

**Recommendation Form**

**Student:** Please fill in your name only and give two forms to an instructor, advisor, counselor, employer or someone with direct knowledge of your abilities and potential. Please do not give this form to family members or employees of PSM. You will need to upload both completed recommendation forms with your application.

**Student Information (to be completed by the applicant, please print legibly or type)**

**Full Name:**

**Evaluation Form (to be completed by the individual providing the recommendation):**

**No letters of recommendation will be accepted.** Please rate the student by marking(X) the appropriate level of performance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Weak** | **Below Average** | **Average** | **Above Average** | **Outstanding** | **Unknown** |
| **Self Motivation** |  |  |  |  |  |  |
| **Commitment** |  |  |  |  |  |  |
| **Responsibility** |  |  |  |  |  |  |
| **Leadership** |  |  |  |  |  |  |
| **Judgment** |  |  |  |  |  |  |
| **Creativity** |  |  |  |  |  |  |

Please Provide Additional Comments:

Evaluator’s Signature: Date:

Position: School/Organization:

Phone Number: E-Mail Address:

Address: