

SISTERS, Inc.
Gamma Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc.
SCHOLARSHIP RECOMMENDATION

APPLICANT _____

Your name and relationship to the applicant _____

Please evaluate the applicant on the following characteristics. Check the box that closely describes the applicant in that area.

- | | | | |
|--|-----------------------------------|------------------------------------|-------------------------------|
| 1. Works for academic excellence. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 2. Demonstrates enthusiasm for assigned tasks. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 3. Demonstrates leadership ability. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 4. Demonstrates good citizenship. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 5. Supports school and community activities. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 6. Communicates well with others. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| 7. Works cooperatively with others. | <input type="checkbox"/> Superior | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |

Additional Comments _____

Name _____

Signature _____

Title _____

Date _____