



DELTA LIFE DEVELOPMENT FOUNDATION, INC.

SCHOLARSHIP RECOMMENDATION FORM

***MUST BE SUBMITTED BY CHURCH, COMMUNITY OR OTHER SCHOOL PERSONNEL
WHO KNOWS YOU WELL***

Applicant _____ Date _____

Please evaluate the applicant on the following characteristics using a scale of 1-5:
(1) Below Average (2) Average (3) Good (4) Excellent (5) Superior or (N/A) Not able to make an evaluation

- 1. **Communicates well with others** _____
- 2. **Is prompt** _____
- 3. **Performs well under stressful conditions** _____
- 4. **Demonstrates good citizenship** _____
- 5. **Is supportive of the school, community, and /or church program** _____
- 6. **Works cooperatively with others** _____
- 7. **Strives toward his/her greatest academic potential** _____
- 8. **Demonstrates sensitivity** _____
- 9. **Has a pleasing personality** _____
- 10. **Give an overall rating of the applicant** _____

Additional Comments _____

Evaluator's Signature

Position or Title