



University of Great Falls Catholic High School Scholarship Recommendation Form

We're delighted you are considering applying for the University of Great Falls Catholic High School Scholarship. Your recommendation form will help us learn more about you. Please have a counselor or teacher fill out the attached recommendation form and send it in to the Office of Admission.

Student Information

Full legal name _____
Last First Middle

Social Security number (optional) _____ Birthdate _____

Applicant's complete legal signature _____ Date _____

Principal, Counselor or Teacher

As part of the application for the University of Great Falls Catholic High School Scholarship, we ask students to obtain a recommendation form from a school principal, counselor or teacher. We seek the comments and evaluations of those who know the student well and who may be able to provide insight into the candidate's character, personality and abilities. Please be candid in your commentary and as comprehensive as possible in your description of the student's qualifications.

Principal/Teacher/Counselor Name _____

Position _____ School _____

Telephone (____) _____ Email: _____

We are especially interested in knowing the characteristics of this student that distinguish him or her from other candidates nationwide who are seeking the Catholic High School Scholarship. Please use a separate sheet to submit any comments. Using the chart below, please rate the applicant compared to other students in a similar capacity.

1=Outstanding, 2=Excellent, 3=Good, 4=Fair, 5=Poor, n/o=Not Observed.

Academic performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Creative ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Intellectual potential	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Independence and initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Leadership potential	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Judgment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Sense of responsibility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Maturity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Energy Level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Communication skills: Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Communication skills: Written	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o
Organizational skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> n/o

Counselor or Teacher Signature

Teacher/Counselor Name _____

Position _____ School _____

Telephone (____) _____ Email: _____

Please mail to:

Office of Admission
University of Great Falls
1301 20th St. South, Great Falls, MT 59405

Fax to: 406.791.5209

Questions, Contact us at:

800-856-9544
406-791-5200
enroll@ugf.edu