



**RECOMMENDATION FOR SCHOLARSHIP APPLICANT**

- The information requested on this recommendation will be treated confidentially and is for the exclusive use of the Cleveland Alumnae Panhellenic Association Scholarship Committee.
- Current collegiate sorority members and applicant relatives are disqualified from submitting recommendations.

**PLEASE PRINT OR TYPE all information.**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

**I. Please explain why you believe this applicant is deserving of a scholarship:**

(Use the reverse side or a separate sheet if necessary.)

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\_\_\_\_\_

\_\_\_\_\_

**II. Please evaluate the applicant according to the following rating scale:**

5=Outstanding, 4=Above Average, 3= Average, 2=Below Average, 1=Unsatisfactory,

\*=Insufficient knowledge to rate this trait.

Trait	Description	Rating
Integrity	Trustworthy; truthful; sincere; loyal; guided by high personal and moral	
Leadership	Influences, stimulates, guides, and directs others effectively in group	
Reliability	Dependable; conscientious, accurate; punctual; maintains perspective; maintains stability under stress	
Initiative	Self-motivated; creative; assumes responsibility voluntarily when appropriate	
Cooperation	Accepts suggestions well; works harmoniously with other individuals or groups; respects ideas and abilities of others	
Judgment	Thinks clearly; analyzes situations carefully and takes appropriate action	
Management	Organizes work efficiently and effectively; plans for wise use of time	
Maturity	Well balanced; weighs personal decisions and actions carefully and accepts responsibility for them; acknowledges own limitations & recognizes when help is needed	
Social	Congenial; courteous; kind; caring; refined in manner; poised; well-liked	

CAPA



Cleveland Alumnae Panhellenic Association

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**III. Recommender Information:**

Name \_\_\_\_\_

Company/Institution (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you known her? \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

**Recommendation forms to be:**

- Returned to the applicant in a SEALED envelope with your name signed across the seal
- Or, Sent directly to:  
Sarah Wojciechowski, CAPA Scholarship Chair  
2880 Diana Lynn Drive, Stow, OH 44224
- Or, Scanned and emailed to [capascholarships@gmail.com](mailto:capascholarships@gmail.com) (please include the applicant's name in the subject line)
- Or, completed on-line through [www.clevelandpanhellenic.org](http://www.clevelandpanhellenic.org)

**POSTMARK/ON-LINE COMPLETION DEADLINE: FEBRUARY 28, 2019**