



Morris

Student Name: _____

Recommendation Form

*To be completed by an instructor, counselor/advisor, coach, pastor/clergy and/or employer.
Two recommendation forms are required.*

Please give your assessment of this student's academic eligibility below:

Characteristics:	Unable to Assess	Low	—	Moderate	—	High
Academic Performance	N/A	1	2	3	4	5
Seriousness of Purpose	N/A	1	2	3	4	5
Communication Skills	N/A	1	2	3	4	5
Leadership Skills	N/A	1	2	3	4	5
Initiative	N/A	1	2	3	4	5
Persistence	N/A	1	2	3	4	5
Creativity	N/A	1	2	3	4	5
Maturity	N/A	1	2	3	4	5
Cooperation	N/A	1	2	3	4	5

Give a specific example or anecdote that illustrates the character of this applicant. Please use the space below or a typed attachment.

Recommendation completed by:

Name	Signature	Date
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I am the applicant's Instructor _____ (class), Counselor, Advisor, Employer/Supervisor,
 Co-worker, Mentor, Other _____
 I have known the applicant for _____ (length of time)
 Contact info(email or phone) _____

This form must be submitted to the Morris Family Foundation by May 15, 2014
 Morris Family Foundation c/o Isler & Co., 839 Alder Creek Dr., Medford OR 97504
 Executive Director, Pam Murphy morrisfamilyfoundation@gmail.com