

Alabama Dietetic Association Scholarship Form: Reference's Evaluation of Applicant

Applicant's Name: _____
Last
First
Middle/Maiden

To the Evaluator:

- Strive to be the objective. Remember that no one person is outstanding in all categories.

Please circle the point value in each column that represents your opinion regarding the applicant on the attribute in question.

Overall Evaluation of Applicant	Unsatisfactory Bottom 10 th Percentile	Below Average	Average	Above Average	Outstanding Top 10 th Percentile	Unknown
Quality of Work	0	2	3	4	5	U
Quantity of Work	0	2	3	4	5	U
Timely Completion of Work	0	2	3	4	5	U
Ability to Analyze Information	0	2	3	4	5	U
Adaptability	0	2	3	4	5	U
Dependability	0	2	3	4	5	U
Initiative	0	2	3	4	5	U
Leadership Skills	0	2	3	4	5	U
Ability to Get Along With People	0	2	3	4	5	U
Reaction to Constructive Criticism	0	2	3	4	5	U
Enthusiasm	0	2	3	4	5	U
Creativity	0	2	3	4	5	U
Use of Common Sense	0	2	3	4	5	U
Written Communication Skills	0	2	3	4	5	U
Oral Communication Skills	0	2	3	4	5	U
Professionalism	0	2	3	4	5	U

COMMENTS: Please address the student's strengths, weaknesses, and financial need in a short one paragraph letter. PLEASE DO NOT OMIT.

Indicate your relationship with this individual:

Teacher in one class _____ several classes _____ Advisor _____ Department Head _____

Your Name _____ Position _____

Your Employer's Name _____ Address _____

Date _____ Signature _____