



Paul S. Morton Scholarship Foundation
2020 Scholarship Application

HIGH SCHOOL TEACHER RECOMMENDATION FORM

Name of Applicant: _____

Teacher recommendations are important in the screening process to identify deserving and qualified recipients of the PSMSF Scholarship. Thank you for the time and effort invested in completing this form. Recommendations must be submitted online by the **2020 deadline**.

Teacher Information

* Name: _____

* Position/Title: _____

* School Name: _____

* School Address: _____

* Phone Number: _____

Knowledge of Applicant:

* How long have you known applicant: _____

* In what capacity: _____

* Evaluate applicant's determination to succeed, intellectual skills and abilities (*Check appropriately.*)

	Exceptional (Top 1-2%)	Excellent (Top 5%)	Very Good (Top 10%)	Good (Top 25%)	Average (Top 50%)	Below Average (Lower 50%)	Unable to judge
Motivation/Initiative							
Character/Integrity							
Effort/Work Habits							
Task Management							
Oral Communication							
Written Communication							
Working with Other							

Comments

Personal comments are extremely important in the selection process. In the space below, please write a forthright statement about the applicant that includes an assessment of both intellectual and personal qualities as well as any particular strengths and weaknesses.