

GUSTO Scholarship Award Application

(Gustine Unlimited Scholarship Trust Organization)

A Confidential Statement in Support of a GUSTO Scholarship Applicant

Last 4 digits of Applicant's Social Security # _____

PLEASE DO NOT USE THE APPLICANT'S NAME ANY PLACE ON THIS FORM. The awards committee will review all applications anonymously. This applicant has waived his/her right to view this recommendation. Please submit it in the enclosed envelope and seal the envelope before returning it to the student. Your comments are an important part of the application.

This recommendation must be returned to the applicant **with the envelope sealed.** The applicant must submit the entire scholarship packet, including this recommendation, on or before April 1.

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. What are the best qualities of this person? _____

4. What, if any, areas of improvement are necessary for this student? _____

5. Please add additional information you feel might help our awards committee, such as knowledge of applicant's special qualities, personal anecdotes, potential for success, etc. _____

6. Please rate the applicant in these areas:

	EXCELLENT	GOOD	FAIR	POOR	NO KNOWLEDGE
Motivation and Initiative	_____	_____	_____	_____	_____
Persistence	_____	_____	_____	_____	_____

7. This applicant is: ___ Strongly recommended; ___ Recommended; ___ Recommended with reservations.

8. Name (printed) _____ Faculty Position: _____
Signature _____ Date: _____

Return to the applicant using the pre-printed envelope.