

2020 Letter of Recommendation

Student Information

Student Name: _____ Moon Area High School
Address _____ Date: _____

Review Guidelines

Dear _____
I am applying for the Moon Area Band Parent Organization, Inc. Scholarship, and I would be honored if you would complete this review form. Your opinion is valued, so please be honest. The completed form is to be mailed by you directly to the Scholarship Committee and will remain confidential, so I will not have access to your review. I will however, be able to confirm if you have responded or not. Thank you so much.
Sincerely,

(applicant signature)

Character

Use this rating key for the following evaluation: 0 thru 4

0 = No Known Information (this category will not be included in scoring)

1 = Needs Improvement

2 = Average

3 = Above Average

4 = Exceptional (rare qualities for someone this age)

	(4) = Exceptional	(3) = Above average	(2) = Average	(1) = Needs Improvement	(0) = No Known Information
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verification of Review

By signing this form, you confirm that you have answered truthfully and without any outside influence from the applicant or a Scholarship Committee member.

Reviewer's Name – Please print

Reviewer's Relationship to the Applicant

Contact Phone Number

Reviewer's Signature

Date

Please mail the completed review to the following address by **April 22, 2020**. DO NOT return this review to the applicant.
Thank you for your time and consideration.

Scholarship Committee
Moon Area Band Parent Organization, Inc.
c/o Amy Patterson
503 Blue Ridge Drive
Moon Township, PA 15108