

# 2021 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 16, 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 Keri Coulter  
436 Blue Ridge Drive  
Moon Township, PA 15108

Or email to [scholarship@moonband.org](mailto:scholarship@moonband.org)  
using subject line: Letter of Recommendation MABPO Scholarship (*applicant's name*)