

ANGELO STATE UNIVERSITY

CARR ACADEMIC SCHOLARSHIP PROGRAM

REFERENCE'S CONFIDENTIAL EVALUATION

Graduate Students

(Please Print or Type)

_____ FULL LEGAL NAME OF APPLICANT

_____ NAME OF REFERENCE

_____ SOCIAL SECURITY NUMBER

_____ TITLE

_____ HOME ADDRESS

_____ SCHOOL, FIRM, OR ORGANIZATION

_____ CITY STATE ZIP

_____ BUSINESS ADDRESS

1. Nature of your relationship with applicant
(check appropriate box):

- | | |
|-----------------------|--|
| Teacher | |
| Counselor | |
| Administrator | |
| Employer | |
| Other (specify) _____ | |

_____ CITY STATE ZIP

AC () _____

_____ BUSINESS TELEPHONE

2. How many years have you known the applicant? _____

3. In selecting recipients for Carr Academic Scholarships, consideration will be given to the following attributes and achievements of the applicants. Please rate the applicant with respect to each trait listed below by writing 1 through 6 or X on the designated line to indicate his/her relative standing among other students with whom you have had contact.

Rating Scale		
Ranks with the very best students (Top 5%) 1	1	100
Superior (Top 10%) 2	2	95
Outstanding (Top 25%) 3	3	90
Above average (Top 40%) 4	4	75
Average (Middle 20%) 5	5	60
Below average (Bottom 40%) 6	6	40
Inadequate opportunity to observe X	6	0

Enter appropriate number based upon the designated qualities and rating scale:

_____ Academic record and achievements

_____ Ability in interpersonal relations

_____ Initiative and motivation

_____ Poise and self-confidence

_____ Leadership

_____ Candor and conviction

_____ Honesty and integrity

_____ Analytical ability

_____ Moral character

_____ Writing ability

_____ Extent of participation in
extracurricular activities

_____ Special talents and abilities
(specify) _____

_____ Potential contributions to Angelo State
University and to society upon graduation

(SEE REVERSE SIDE)

4. General evaluation and comments on distinctive strengths, special talents and abilities, and weaknesses of the applicant. Please provide as many specific examples as possible to support your general evaluation and comments.

PLEASE RETURN PROMPTLY TO:

Carr Academic Scholarship Program
Angelo State University
ASU Station #11015
San Angelo, Texas 76909

Telephone: 325/942-2246 or 800/933-6299
Fax: 325/942-2082

SIGNATURE OF REFERENCE

DATE

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Financial Aid Office.