## **Recommendation Form – General**

APPLICANT: PLEASE COMPLETE THIS PORTION.

Deadline: January 31, 2024

This Recommendation Form must be completed by someone who knows the applicant personally and can respond to all the questions below regarding skills, ambitions, and experiences (family members cannot fill out forms). Please mail the completed form in the pre-addressed, stamped envelope provided by the applicant, back to the applicant. (Note: Applicants are required to submit unopened envelopes containing these forms with their application packets.) Questions? Contact baerscholarships@reintegration.com

Applicant's name								
Applicant's signature								
Phone								
REFERENCE: PLEASE COM	PLETE THIS F	PORTION.						
Reference name					n/company			
Position				Phone	Phone			
Address								
City				State	Zip			
What is your relationship to the ap	nlicant? □ Fmr	oloyer $\square$ Teach	ner 🗆 Other		·			
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How well do you know the applicar		☐ Somewha	,			n the applicant?		
Is the applicant's scholastic record	l, as you know it,	an accurate inde	x of his/her schol	lastic potential?	☐ Yes ☐ N	lo		
If no, please explain								
How would you rate this	Excellent	Very good	Good	Fair	Poor	Very poor	Unable	
applicant in terms of:	90-100	75-89	60-74	40-59	20-39	0-19	to judge	
1. Intellectual ability								
2. Ability to work independently								
3. Writing skills								
4. Speaking skills								
5. Conceptual ability								
6. Productivity								
7. Judgment								
8. Dependability								
9. Capacity to handle stress								
Do you have any information related academic pursuits?	ed to the applicar	nt that should be	considered by the	e judging panel in	assessing the ir	ndividual's capacity	to succeed in	
Overall recommendation:								
☐ Highly recommend ☐ Rec	commend	☐ Recommend v	vith some reserva	ations 🗆 Do r	not recommend			
Reference's signature Date								