

# CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP RECOMMENDATION FORM

## TO THE APPLICANT

Fill in your name, intended program of study, and the degree for which you are applying. Have each of your references return the completed form to you in a sealed envelope.

Applicant Name: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree Desired: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Position: \_\_\_\_\_ School or Organization: \_\_\_\_\_

## TO THE PERSON COMPLETING THIS FORM

The above named person is applying for a scholarship and has given your name as a professional reference. We attach great importance to the comments of faculty members and other professionals qualified to make academic judgments of the applicant. Personal references are discouraged.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rate the applicant in relation to other graduate school applicants. This scale is a supplement to your narrative comments on the reverse side and need not necessarily be used if you are uncomfortable with its format.

ACADEMIC PERFORMANCE	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NOT ABLE TO JUDGE
Ability of expression:						
In written work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In oral work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity in research work, projects, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General preparation for graduate work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP  
RECOMMENDATION FORM**

Please comment on any specific talents the applicant has demonstrated in research, writing, teaching, clinical work, etc.

Please comment on the applicant's academic, personal, social and professional qualities which reflect his/her ability to do graduate work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position:

\_\_\_\_\_  
Street Address:

\_\_\_\_\_  
City/State/Zip:

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
E-mail Address:

**PLEASE RETURN TO THE APPLICANT IN A SEALED ENVELOPE AND SIGN  
ACROSS THE SEAL.**