

LWML Rocky Mountain District Scholarship Personal Reference

NAME OF APPLICANT: _____

HOW DO YOU KNOW APPLICANT? _____ HOW LONG? _____

EVALUATOR NAME _____
AND ADDRESS: _____

EMAIL ADDRESS: _____

(CHECK APPROPRIATELY) EXCELLENT GOOD FAIR POOR

COMPATABILITY WITH OTHERS

LEADERSHIP SKILLS

CONDUCT

WRITTEN COMMUNICATION SKILLS

ORAL COMMUNICATION SKILLS

INITIATIVE

DEPENDABILITY

INTEREST AND PARTICIPATION IN
ACTIVITIES

PERSONAL REMARKS: (Please choose two of the above areas and expound briefly)

Signature

Date

SEND EVALUATION FORM
NO LATER THAN MAY 1, 2022
TO:

Sue Frauenfeld
LWML RMD Scholarship Committee Chairman
8320 Ralph Lane Denver, CO 80221
sjbf321@msn.com

