

Student Name _____ Email Address _____
Last First

LUMCON Summer Program Scholarship Recommendation Form

DEADLINE: April 15, 2020

I, _____ hereby waive my right under the General Education Provisions Act (Public Law 93-390) which means the recommendation by _____ is to be kept confidential and viewed only by members of the scholarship committee and authorized LUMCON personnel. At no time will I have access to the contents of this recommendation.

I, _____, do not waive my right under Public Law 93-390.

Signature

Date

Faculty Recommendation

In what capacity do you know the student?

Department _____ University _____

Please evaluate the student's qualifications by checking the appropriate spaces below:

Performance in your course

1. Excellent (upper 10%)
2. Good (upper 25%)
3. Average (upper 50%)
4. Below average (below 50%)

Integrity

1. No reason to question
2. Questionable

Oral and Written Communication

Oral Written

Industry

1. Works well, reserve capacity
2. Works at capacity for present grades
3. Satisfactory work, not his/her best
4. No basis to judge

1. Excellent
2. Good
3. Satisfactory
4. Poor
5. No basis to judge

Maturity

1. Mature for age
2. Will mature well
3. Immature
4. No basis to judge

Relationships with Faculty and other students
Students Faculty

1. Appropriate
2. Minor difficulties
3. Excessive demands
4. No basis to judge

Please support your evaluation of this student with additional comments concerning academic ability and performance, motivation, stability, creativity, and other personal attributes in an attached letter of support.

1. I recommend this student

without reservation.
with reservation.

Name _____

Signature _____ Date _____

2. I do not recommend this student.

3. Please contact me about this student.

Phone _____ Email _____

Please return by **April 15, 2020** to:

Murt Conover, Associate Director of Education & Outreach, mconover@lumcon.edu
LUMCON / 8124 Highway 56 / Chauvin, LA 70344