



Jonathan Law High School Sports Booster Club
Teacher Recommendation for Scholarship
2018/2019

This form is to be returned to the student requesting the recommendation in time to meet the submission deadline of May 1, 2019.

Any Questions? Please contact us at jlhssportsbooster@gmail.com

Student Name: _____

Teacher Name: _____

Teacher Email: _____ Phone: _____

How long have you known this student athlete? _____

Rank each characteristic of the student athlete with (1) being the least and (5) being the highest score. Circle the appropriate ranking.

	Poor	Fair	Good	Very Good	Excellent
Initiative	1	2	3	4	5
Effort	1	2	3	4	5
Commitment	1	2	3	4	5
Character	1	2	3	4	5
Collaborative	1	2	3	4	5
Positive promotion of JLaw HS	1	2	3	4	5
Growth Mindset	1	2	3	4	5

Is there any further information you would like to share that would help the committee know this applicant more completely?

Teacher Signature: _____