



Aviation Scholarship Teacher Recommendation

Applicant's Full Name: _____

The above named candidate is being considered for receipt of scholarship funds for the TKA Aviation Program. Administrative and faculty reviewers will use this form to determine eligibility. Please complete the survey to the best of your ability. **Please place this form in the envelope provided by the student, seal the envelope, sign along the seal and return to the student.**

Person completing form: _____

Relationship to student: _____

Please rate the student using the scale provided. For responses of 2 or lower, please comment.	1 = poor 3 = average 5 = excellent	Comments
Attitude		
Acts Responsibly		
Attendance		
Relationship with peers		
Respectfulness		
Initiative		
Ability to keep commitments /meet deadlines		
Punctuality		
Leadership Potential		
Results Oriented		
Maturity		

Overall impression of candidate: (please circle one)

Highly recommend Recommend Recommend with reservation Do not recommend

Additional comments that would be of assistance in the decision-making process:

Signature: _____

Date: _____