



38660 Mentor Avenue  
Willoughby, Ohio 44094-7797  
www.fineartsassociation.org

## Faculty Referral Form for Merit Scholarship

Student/Parent or Guardian to complete #1-3 and request a current faculty member to complete the remainder of the form:

1. Student Name: \_\_\_\_\_
2. Student is currently enrolled in the following class(es): \_\_\_\_\_
3. Estimated hours of study per week / per session (including all classes): \_\_\_\_\_  
\_\_\_\_\_

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FAA Faculty to complete the balance of this Referral Form and return to Director of Education.

Faculty Name \_\_\_\_\_ Department \_\_\_\_\_

Please check one box per line and add any comments as needed:

Attendance  Excellent  Good  Fair  Poor \_\_\_\_\_

Reliability  Excellent  Good  Fair  Poor \_\_\_\_\_

Cooperation  Excellent  Good  Fair  Poor \_\_\_\_\_

Communication  Excellent  Good  Fair  Poor \_\_\_\_\_

Self-motivation  Excellent  Good  Fair  Poor \_\_\_\_\_

Preparation for class  Excellent  Good  Fair  Poor \_\_\_\_\_

Participation  Excellent  Good  Fair  Poor \_\_\_\_\_

Please identify one to three strengths of this student: \_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_

By signing below, I am recommending that the student listed be considered for a Merit Scholarship.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date