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): ________________

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