



Scholarship Program Recommendation Form

Student Name _____ College / University _____

Degree Expected _____ Date Expected _____

Your Name _____ Title _____

Organization _____ Address _____

Your position: Engineering Professor Consulting Engineer Land Surveyor Other

Please describe how you know the applicant (how long / well, what role / capacity) _____

Student's year in school for Fall 2023: Sophomore Year Junior Year Senior Year Fifth Year Master's

Please rate the student in these categories from 5 (high) to 1 (low).

Rating Please use the blanks below to explain your rating

Cooperation _____

Leadership _____

Initiative _____

Industriousness _____

Dependability _____

Courtesy _____

Attitude _____

Potential as PE / RLS _____

Recommender's Signature _____ Date _____