

**CONFIDENTIAL RATING SCALE****Lillian Barton Scholarship** Fall     Spring 20\_\_

**Application and all required forms are to be completed and returned to Professional Education Programs Office**

Name of Applicant: \_\_\_\_\_

To the Reference: The above applicant has applied for the Lillian Barton Scholarship. The applicant has selected you as a person who is qualified to rate the applicant's ability and personality. Your cooperation in making these ratings will assist us in appraising this applicant. Please mail the completed form as soon as possible to:

**Dr. Audrey Bowser  
P.O. Box 720  
State University, AR 72467**

The information you supply will be treated confidentially. Thank you for your assistance.

Mark the following statements at the left of each number. Ratings should indicate:

**5 = Always; 4 = Often; 3 = Sometimes; 2 = Seldom; 1 = Never; 0 = No opportunity to observe.**

1. \_\_\_\_\_ Student's academic performance is above average.
2. \_\_\_\_\_ Student demonstrates a commitment to the field of education.
3. \_\_\_\_\_ Student is a critical thinker.
4. \_\_\_\_\_ Student is dependable and assumes responsibility.
5. \_\_\_\_\_ Student exerts maximum effort which is reflected in performance.
6. \_\_\_\_\_ Student displays a positive attitude.
7. \_\_\_\_\_ Student is creative.
8. \_\_\_\_\_ Student demonstrates proficiency in communication skills.
9. \_\_\_\_\_ Student is cooperative, considerate, and shows concern for others.
10. \_\_\_\_\_ Student displays a neat, clean appearance.

I recommend                      I do not recommend  
that this student be considered for the Lillian Barton Scholarship.

Please make additional comments which might be helpful to the committee on the next page..

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Institution: \_\_\_\_\_

