



2009-2010
MVNU Endowed Scholarship
Recommendation Form

Student Name: _____ Student ID#: _____
(Please Print)

(Below this line to be filled out by a member of the MVNU Faculty or Staff.)

The above student is applying for one or more of the MVNU Endowed Scholarships. Please complete this Recommendation Form and return it to the Financial Aid Office by May 1, 2009.

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

On a scale of 1 (lowest) - 5 (highest), please indicate your evaluation of the following character traits for this applicant. Feel free to add any comments.

_____ Spiritual Commitment	_____ Cooperation
_____ Reliability	_____ Initiative
_____ Leadership	_____ Adherence to MVNU Lifestyle Guidelines

Do you recommend this student to receive a scholarship? Yes No

Additional comments: *(Optional)*

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Please return to the Financial Aid office by May 1, 2009. Thank you!