



SCHOLARSHIP RECOMMENDATION FORM

APPLICANT NAME: _____

YOUR NAME: _____

In what capacity have you known the applicant: _____

How long have you known the applicant for (years)? _____

Please evaluate the applicant in terms of skills/ability in the following:
(1 – below average, 5 – excellent)

1. Capacity for achievement in theater	1	2	3	4	5
2. Artistry in performance	1	2	3	4	5
3. Improvisational/creative ability	1	2	3	4	5
4. Ability to learn/receive direction	1	2	3	4	5
5. Works well in ensemble	1	2	3	4	5
6. Practice/rehearsal habits	1	2	3	4	5
7. Potential as a performer	1	2	3	4	5
8. Leadership skills	1	2	3	4	5
9. Community involvement	1	2	3	4	5
10. Attitude	1	2	3	4	5

Is there anything else you would like us to know about the applicant?

Please state, in your own words, why you believe the applicant should be considered as a candidate for Hawkeye Community Theatre Scholarship award.

Signature

Date

Please return this recommendation to: **Hawkeye Community Theatre Scholarship Committee**
521 North 12th Street
Fort Dodge, IA 50501