2021 Stow-Munroe Falls Booster Club
Scholarship Application

Coach Recommendation Form

_____; _____

Coach Name **Sport**

_____is applying for the Stow-Munroe Falls Booster Club Athletic Scholarship and has requested your evaluation and recommendation.

Please complete and return this form to the Booster Club mailbox in the Athletic Department by January 29, 2021 or mail it to: Stow-Munroe Falls Booster Club, P.O. Box 1445, Stow, OH 44224.

Thank you for your time.

Student Qualities	Excellent	Good	Fair	Poor
Enthusiasm	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Determination to succeed	_____	_____	_____	_____
Improvement over the season	_____	_____	_____	_____
Positive role model	_____	_____	_____	_____

Briefly comment on why you feel this student deserves a Booster Club Athletic Scholarship. Please limit comments to the space provided.

_____ _____

Coach's Signature **Date**