

2021 Stow-Munroe Falls Booster Club Scholarship Application

Teacher Recommendation Form

_____;
Teacher Name

_____ 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
Dependability	_____	_____	_____	_____
Working to Ability	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Character	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

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

Teacher's Signature

Date