

CANHAM GRADUATE  
STUDIES  
SCHOLARSHIP  
RECOMMENDATION  
LETTER



CANHAM GRADUATE SCHOLARSHIP  
RECOMMENDATION LETTER

Section A. The applicant should complete all information requested in **Section A** as well as provide his/her name in the "**Name of Applicant**" field under Section B. Once completed the applicant will forward this form to the person being asked to write the recommendation.

Name of Applicant:

(Last)

(First)

(Middle)

Address:

Degrees:

Public Law 93-390 allows the applicant a choice regarding access to recommendation letters requested after January 1, 1975. It is essential that the applicant complete this statement:

I hereby (check one)

waive

do not waive access to this letter

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

Section A. The person being asked to write a letter of recommendation for the above named applicant should complete this form and return it as soon as possible to : WEF Awards Program, 601 Wythe Street, Alexandria, VA 22314. **NO Action will be taken on the application until this form is received by WEF.** Recommendations must be received at WEF by March 1.

Please note that in Section A of this form the applicant has indicated whether or not access to this recommendation has been waived.

1. How long have you know the applicant? \_\_\_\_\_
2. In what capacity? \_\_\_\_\_
3. Please evaluate the applicant by placing a check in the column that most nearly represents you opinion. If you lack knowledge to make a definite rating, please check Inadequate Opportunity to Observe (See next page).

# CANHAM GRADUATE SCHOLARSHIP RECOMMENDATION LETTER

	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual Ability					
Ability to Communicate					
Self Reliance /Independence of Thought					
Motivation					
Professional Interest					

Name of Applicant: \_\_\_\_\_  
(Last)
(First)
(Middle)

4. Recommendation based on applicants ability (check one)

- |                          |                                     |                          |                         |
|--------------------------|-------------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <b>Strongly Recommended</b>         | <input type="checkbox"/> | <b>Recommended</b>      |
| <input type="checkbox"/> | <b>Recommended with Reservation</b> | <input type="checkbox"/> | <b>Do not Recommend</b> |

5. Please add below any information that might assist the committee in making their selection.

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

Name (printed or typed): \_\_\_\_\_

Position: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_