

# BLUMBERG CENTER SCHOLARSHIP RECOMMENDATION FORM

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

- I **waive** my right to review this letter of recommendation
- I **do not waive** my right to review this letter of recommendation

\_\_\_\_\_  
**Applicant's Signature**

The above student has applied for a Blumberg Center Scholarship at Indiana State University. One scholarship each year is awarded to an incoming freshman majoring in special education or communication disorders. The scholarship selection committee considers previous work/volunteer experiences, recommendations, class rank, GPA, and SAT/ACT scores to determine the scholarship recipient. This recommendation will serve as a part of the above student's scholarship application materials. Responses will be reviewed only by the Blumberg Center Steering Council and scholarship selection committee.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

	50 <sup>th</sup> Percentile		75 <sup>th</sup> Percentile		90 <sup>th</sup> Percentile	
	Below Average	Average	Above Average	Exceptional	No Basis to Judge	
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social & Emotional Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with parents & school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with children/individuals with educational & communication needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any additional information including strengths or areas of weaknesses that you think would be helpful in considering this applicant.

Respondent's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position \_\_\_\_\_ School/Organization \_\_\_\_\_

I would be willing to discuss this evaluation by telephone. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
**Respondent's Signature**

Recommendations should be sent to the following, with a postmark on or before February 1, 2011.  
 Leah Nellis, Director  
 Blumberg Center for Interdisciplinary Studies in Special Education  
 Indiana State University, Bayh College of Education  
 401 North 7<sup>th</sup> Street, UH Room 009W  
 Terre Haute, IN 47809