



# Annual Local 150 Operating Engineers Scholarship Award Program

Personal Reference Form #1

## Personal Reference Form #1

To be completed by school faculty member, guidance counselor, or adult not related to the student.

**Full Name of Student:** \_\_\_\_\_

Your name has been given as a reference by the above student, who has applied for a scholarship. Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. If necessary, use the reverse side for additional remarks. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink) and mail it to the IUOE, Local 150 Food Bank Trust, c/o Scholarship Committee, 6170 Joliet Road, Suite 200, Countryside, IL 60525, **postmarked by the 3rd Monday in February preceding the start of the school year.** The Applicant is considered responsible for submission of all required forms by this date.

Name of Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

School & District: \_\_\_\_\_

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

Phone: (        ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

## Evaluation Of Social And Personal Traits

Please rate each characteristic listed using a scale of 0 to 10, with "0" being "Poor" and "10" being "Superior."  
If you would like to make additional comments, please use the reverse side of this form.

### Rating:

Cooperation \_\_\_\_\_ Courtesy \_\_\_\_\_ Initiative \_\_\_\_\_

Leadership \_\_\_\_\_ Maturity \_\_\_\_\_ Personal Appearance \_\_\_\_\_

Timeliness and Completeness of Assignments \_\_\_\_\_

Participation in Extracurricular Activities \_\_\_\_\_

Please indicate your opinion of the applicant's ability to excel in college, career, and life in the space below. You may continue your comments on the back of this sheet if necessary.

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# Annual Local 150 Operating Engineers Scholarship Award Program

Personal Reference Form #2

## Personal Reference Form #1

To be completed by school faculty member, guidance counselor, or adult not related to the student.

**Full Name of Student:** \_\_\_\_\_

Your name has been given as a reference by the above student, who has applied for a scholarship. Your evaluation is important to us in considering this application, and we ask that you explain your comments fully. If necessary, use the reverse side for additional remarks. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink) and mail it to the IUOE, Local 150 Food Bank Trust, c/o Scholarship Committee, 6170 Joliet Road, Suite 200, Countryside, IL 60525, **postmarked by the 3rd Monday in February preceding the start of the school year.** The Applicant is considered responsible for submission of all required forms by this date.

Name of Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

School & District: \_\_\_\_\_

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

Phone: (        ) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

## Evaluation Of Social And Personal Traits

Please rate each characteristic listed using a scale of 0 to 10, with "0" being "Poor" and "10" being "Superior."  
If you would like to make additional comments, please use the reverse side of this form.

### Rating:

Cooperation \_\_\_\_\_ Courtesy \_\_\_\_\_ Initiative \_\_\_\_\_

Leadership \_\_\_\_\_ Maturity \_\_\_\_\_ Personal Appearance \_\_\_\_\_

Timeliness and Completeness of Assignments \_\_\_\_\_

Participation in Extracurricular Activities \_\_\_\_\_

Please indicate your opinion of the applicant's ability to excel in college, career, and life in the space below. You may continue your comments on the back of this sheet if necessary.

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