

# LWML Rocky Mountain District Scholarship Personal Reference

NAME OF APPLICANT: \_\_\_\_\_

HOW DO YOU KNOW APPLICANT? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

EVALUATOR NAME \_\_\_\_\_  
AND ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(CHECK APPROPRIATELY)                      EXCELLENT                      GOOD                      FAIR                      POOR

COMPATABILITY WITH OTHERS

LEADERSHIP SKILLS

CONDUCT

WRITTEN COMMUNICATION SKILLS

ORAL COMMUNICATION SKILLS

INITIATIVE

DEPENDABILITY

INTEREST AND PARTICIPATION IN  
ACTIVITIES

PERSONAL REMARKS: (Please choose two of the above areas and expound briefly)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

SEND EVALUATION FORM NO  
LATER THAN MAY 1, 2020 TO:

Sue Frauenfeld  
LWML RMD Scholarship Committee Chairman  
8320 Ralph Lane Denver, CO 80221  
[sjb321@msn.com](mailto:sjb321@msn.com)

