

**THE UNIVERSITY OF MEMPHIS  
CECIL C. HUMPHREYS SCHOOL OF LAW**

**SCHOLARSHIP RECOMMENDATION FORM**

**SCHOLARSHIP APPLICANT**

Please fill in your name and social security number on this form and give a copy of this form to each person who has agreed to provide a recommendation for you. It is your responsibility to ensure that all recommendations are received by the scholarship application deadline.

Name of Applicant: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students are permitted to waive their right of access to recommendations. The following signed statement indicates your intent regarding this recommendation.

Check One:             I waive my right to inspect the contents of the following recommendation.

I do not waive my right to inspect the contents of the following recommendation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDER**

Name of Recommender: \_\_\_\_\_

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

Position / Title: \_\_\_\_\_

Please rate the applicant on the following scale in relation to other students, employees, etc., you have taught or known. (Please check the appropriate box on each line.)

Categories	Superior	Above Average	Average	Below Average	Cannot Estimate
Intelligence					
Originality / Independence of thought					
Effectiveness of Oral Communication					
Persistence / Industry					
Judgment / Common Sense					
Leadership Ability					
Maturity					
Motivation					
Overall Rating					

