

**Baldwin-Woodville Area Community Foundation  
Scholarship Recommendation Form**

*(This form is to be used for the required school personnel recommendation.)*

Applicant: \_\_\_\_\_  
Please print

Using the rating scale, please rank the applicant in each of the areas listed below.

	Outstanding		Average		Below Average	
	5	4	3	2	1	
Academic Progress/Personal Achievement (grades/quality of work)						
Attendance/Reliability						
Attitude/Cooperation						
Communication Skills						
Leadership						
Motivation						
Potential for Success						
Work Habits/Organizational Skills						

What has this student accomplished to try to link school and community?  
Highlight significant community service through school projects.

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Signature: \_\_\_\_\_  
\_\_\_\_\_  
Please print name signed above

Relationship to Applicant: \_\_\_\_\_

Please return this completed form to: BWACF/Scholarship Application  
PO BOX 352  
Baldwin WI 54002

**All forms must be postmarked by March 1<sup>st</sup>.**