Mary Jane Dockeray Scholarship

Recommendation Form

	Recomn	nendatior	ı Form					
(Applicant's Full Name)		is app	lying for	the Mary	Jane Doo	ckeray Sch	nolarship for stu	dents
	nce. Your honest and candid completi			=		-		
	nfidential manner. Your recommendat ne selection process for this scholarshi		used sole	ly to assis	t the Ma	ry Jane Do	ockeray Scholar	ship
selected committee in ti	ie selection process for this scholarshi	φ.						
	ed and sent to the address below by	February 24	4, 2023.	Two reco	mmenda	tions are <u>r</u>	<u>required</u> to com	ıplete
the application.	must be a current teacher/administra	ator from th	o annlica	nt's scho	ol.			
	mender must NOT be someone conn							
				J				
Please select one of the	_							
☐ I am a current tea	cher/administrator from the applic	cant's scho	ol. Job 1	itle:				
☐ I am someone <u>NO</u>	$\underline{\mathtt{T}}$ connected with the applicant's h	igh school	. Job Tit	e:				
Required - ABILITY/RA	/WKING:							
	which best describes your rating of t	he applican	t's chara	cteristics	as indicat	ed.		
	Characteristic	Below	Тор	Тор	Тор	Тор		
	Problem Solving Skills	50%	50%	25% 3	10%	5%		
		1	2		4			
	Leadership	1	2	3	4	5		
	Creativity	1	2	3	4	5		
	Motivation	1	2	3	4	5		
	Ability to Relate to Peers	1	2	3	4	5		
	Ability to Work Independently	1	2	3	4	5		
	Critical Thinking Abilities	1	2	3	4	5		
COMMENTS: Please provide comment paper may be used if ne	ts relative to the student's candidacy feded.	for this scho	olarship. ⁻	Γhe back	of this fo	rm or a se	parate sheet of	:
Full Name of Recommender				Date				
PLEASE RETURN FORM	TO: Contact Phone or Ema	ail						
Grand Valley State Unive	ersity Olga L. Kryger							

MJD Scholarship MAK B-3-226 1 Campus Drive Allendale, MI 49401 Phone: (616) 331-2267 Email: martiolg@gvsu.edu