



Faculty Recommendation Form for PSM Scholarship

CONFIDENTIAL REFERENCE ON APPLICANT
Webpage: www.csulb.edu/psmscholarship

Student's Name: _____ Major: _____

Evaluator's Name: _____ Affiliation: _____

Dear Evaluator: The PSM Scholarship Committee appreciates your careful appraisal of the above named student's potential in his/her desired major and career. The program provides the financial and academic support to students who have faced or face social, cultural, educational, or economic barriers.

(Please rate the applicant in the area indicated below using an X in the column that you feel best describes this student)

	Intellectual ability	Potential In field	Communication skills	Maturity	Motivation	Integrity	Leadership	Interpersonal skills
Outstanding								
Excellent								
Good								
Fair								
poor (explain)								
No chance to observe								

STUDENT'S OBSERVED STRENGTHS: _____

STUDENT'S OBSERVED WEAKNESSES: _____

COMMENTS – All information is confidential. Please identify your relationship with the candidate. Your comments about the applicant's scholarship, leadership, attitude, determination, ambition, financial need, etc., will be most helpful. Attach a separate sheet if necessary.

Evaluator Signature	Affiliation	Contact (Tel., E-mail)	Date