SUNY FREDONIA "KEEPER OF THE DREAM" SCHOLARSHIP REFERENCE FORM: ACADEMIC

Student's Name:						
To the Student: This academic reference principal who is particula NOT another student, a m of recommendation on let	rly acquaint nember of yo	ed with your our family, o	acaden r a fami	nic prog	ress, ar	nd is
To the Reference:						
The student named above is SUNY Fredonia. We would progress. You may also atta	appreciate	your assessm	nent of t	he appl	icant's	
Recommender's Name:						
Title:	O	rganization:				
Address:						
Email:						
Relationship to Student:						
				Years	Known	:
ACADEMIC ATTRIBUT	ES•					
	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Level of Maturity						
Oral Communication						
Written Communication						
Analytical Skills						
Time-Management						
Organizational Skills						
Relates Well to Peers						
Social Sensitivity						
Emotional Stability						
Ability to Adapt						
Listening Skills						
Initiative						
Integrity						

Please state frankly your opinion of this student's ability to succeed in a
multicultural and leadership-based collegiate program, weighing both the strengths
and weaknesses of the individual. Please use the space below or you may attach a
separate letter of recommendation.
Recommender's Signature
Date

You may return this form to the student in the enclosed envelope. Please seal the envelope and place your signature over the seal.

Thank you for your time.