

CENTER FOR HEALTHY RELATIONSHIPS
Graduate Fellowship
RECOMMENDATION FORM

Applicant

Three recommendations are required as part of your application for the CHR graduate fellowship. This recommendation should be completed by someone who is familiar with your professional and/or personal goals. This recommendation may not be completed by a family member.

Applicant's Name: _____
Last First Middle

Address: _____
Number and Street City State Zip

I waive my right to access this recommendation.

Signature Date

Reference

The person named above is applying for a graduate fellowship with the Center for Healthy Relationships at John Brown University. You have been selected by the applicant to submit your comments on the

Quality of Work – compared with others 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%	Cooperation – ability to work with others 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%
Initiative – ability to create opportunities 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%	Social Acceptance – how does personality affect others? 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%
Leadership – ability to take leadership roles 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%	Emotional Stability – ability to deal with various situations 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%
Communication – written and oral 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%	Spiritual Maturity – ability to integrate spiritual values 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%
Diligence – ability to complete assignments 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%	Academic Potential – potential for graduate level work 0 1 2 3 4 5 6 7 8 9 10 Lower 50% Upper 50% Upper 25% Upper 10%

applicant's qualifications for this fellowship. Please complete all sections of the recommendation form. The student cannot be considered for the position without this recommendation.

1. How long and in what capacity have you known the applicant?

2. What do you consider to be the applicant's strongest skills or traits?

3. What areas of growth do you observe for the applicant?

Please evaluate the applicant's qualifications by circling the appropriate number in each box.
Please expand on the ratings you assigned on the previous page and make any additional comments about the applicant you believe would be helpful.

Name _____ Date _____

Signature _____

Position _____ Relationship to Applicant _____

Organization _____

Address _____

Phone (_____) _____

E-Mail Address _____

Please return to:
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