



CHARDON

AREA CHAMBER OF COMMERCE

SCHOLARSHIP RECOMMENDATION FORM

**NOTE: TWO RECOMMENDATIONS ARE REQUIRED:
ONE MUST BE FROM A NON-FACULTY MEMBER**

To the person filling out this recommendation: Please mail the completed form to the Chardon Area Chamber of Commerce, P.O. Box 294, Chardon, OH 44024 or email it to mricco@chardonchamber.com by 5 pm on March 3, 2023.

_____ is applying for the Chardon Area Chamber of Commerce Scholarship and has requested your evaluation and recommendation.

Instructions: Please rate applicant in the following areas (circle one).

Dependability	Excellent	Good	Average	Fair	Poor
Initiative	Excellent	Good	Average	Fair	Poor
Ability	Excellent	Good	Average	Fair	Poor
Judgment	Excellent	Good	Average	Fair	Poor
Character	Excellent	Good	Average	Fair	Poor
Attitude	Excellent	Good	Average	Fair	Poor
Leadership	Excellent	Good	Average	Fair	Poor
Service	Excellent	Good	Average	Fair	Poor

Please comment on how you know the student, aspects of his or her academic qualifications and personality - including classroom and/or extra-curricular activities - which make this student an outstanding candidate for the scholarship. Please attach additional pages or a letter of recommendation if desired.

Date: _____

By: _____

Print name: _____

Completed recommendation must be submitted by March 3, 2023