



**THE DR. JOHN H. AND GLADYS A. BRATT FAMILY SCHOLARSHIP**  
**SCHOLARSHIP RECOMMENDATION FORM**

**PART I - TO BE COMPLETED BY THE STUDENT**

Candidate's Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Current Address \_\_\_\_\_

Class Level Next Year \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Name of professor who will complete this recommendation form: \_\_\_\_\_

Right of Privacy: According to law, you have the right to examine any document in your file. Failure to waive this right will not be prejudicial to you. If you wish to waive the right to review this form, you should sign below.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II - TO BE COMPLETED BY THE PROFESSOR**

The following form is to be used in recommending a student for the Dr. John H. and Gladys A. Bratt Family Scholarship. If you prefer to write a letter, please attach your signed letter to the form. Note that a statement has been included in Part I above giving the student the option of waiving his/her right to review this form after it has been submitted.

How long have you known the candidate?

What is the basis for your knowledge of the candidate? \_\_\_\_\_ Teacher \_\_\_\_\_ Counselor \_\_\_\_\_ Academic Advisor

In what courses were you the candidate's teacher?

Do you feel qualified to judge the merits of the candidate? \_\_\_\_\_ If not, you need not continue. Please advise the candidate that you cannot complete this recommendation. Thank you.

Since the recipient of the above scholarship will be selected on the basis of his/her record and intentions in pursuing a career in either parish ministry, missionary service, or teaching in areas of religion and theology, please comment on:

a) Theological sensitivity and insight: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Christian character and commitment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to the Religion Department by Monday-March 2, 2009.**

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Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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