

Phi Sigma Sigma Foundation
Scholarship Recommendation Form
DUE April 10, 2018

NOTE: Only recommendations in this format will be accepted. A Chapter Advisor, Faculty Advisor, or Panhellenic Advisor **must** complete. Your thoroughness and care in providing the information requested are sincerely appreciated. This recommendation may be submitted confidentially. This completed RECOMMENDATION must be received no later than April 10 by email foundation@phisigmasigma.org or mail to the **Phi Sigma Sigma Foundation ATTN: Foundation Scholarships, 8178 Lark Brown Road, Suite 202, Elkridge, MD 21075**. For more information contact us at foundation@phisigmasigma.org

Applicant Name: _____ Applicant Chapter: _____

Please rate each item by circling or placing an "x" next to the appropriate number, 1 being the lowest and 5 being the highest. Provide supporting comments and examples in the space provided following each item. Additional comments may be attached if necessary.

1	2	3	4	5	The applicant demonstrates the core values of Phi Sigma Sigma in her actions.
Comments/Examples:					
1	2	3	4	5	The applicant demonstrates appropriate relationships with chapter members, advisors and others.
Comments/Examples:					
1	2	3	4	5	The applicant fulfills or exceeds expectations in leadership roles with the chapter and leads others by example.
Comments/Examples:					
1	2	3	4	5	The applicant represents Phi Sigma Sigma favorably through involvement in outside activities and organizations.
Comments/Examples:					
1	2	3	4	5	The applicant represents Phi Sigma Sigma positively in all venues including social media sources.
Comments/Examples:					

Length of time you have known the applicant and in what capacity: _____

Additional comments or information that may be helpful in considering this applicant: _____

Advisor Name (Print): _____

Preferred Telephone Number: _____

Preferred E-mail: _____

Advisor Signature: _____

Date: _____