

**Phi Sigma Sigma Foundation
Scholarship Recommendation Form
DUE March 24, 2019**

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 **March 24** 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: _____