



PHI SIGMA SIGMA  
*Foundation*

**PHI SIGMA SIGMA FOUNDATION  
PROFESSIONAL DEVELOPMENT GRANT APPLICATION  
RECOMMENDATION FORM**

**NOTE: Only recommendations in this format will be accepted.** An individual who knows you based on your career or academic profession, as well as a previous or current employer **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 by September 15, 2018 by email [foundation@phisigmasigma.org](mailto:foundation@phisigmasigma.org). For more information contact us at [foundation@phisigmasigma.org](mailto:foundation@phisigmasigma.org)

Applicant Name: \_\_\_\_\_

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 engages in lifelong learning.
Comments/Examples:					
1	2	3	4	5	The applicant demonstrates inclusiveness in her interactions with others.
Comments/Examples:					
1	2	3	4	5	The applicant fulfills or exceeds expectations in leadership roles in her job and leads others by example.
Comments/Examples:					
1	2	3	4	5	The applicant represents herself favorably through involvement in outside activities and organizations.
Comments/Examples:					
1	2	3	4	5	The applicant possesses strong oral and written communication skills.



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Comments/Examples:					
1	2	3	4	5	The applicant possesses intellectual ability such as retention of information, analytical ability, judgment, ability to problem solve, and an aptitude for learning new skills.
Comments/Examples:					
1	2	3	4	5	The applicant demonstrates competence in area of professional specialization.
Comments/Examples:					
1	2	3	4	5	The applicant is self-disciplined, persistent, and works under pressure well.
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Name (Print): \_\_\_\_\_ Reference's Title: \_\_\_\_\_  
Preferred Telephone Number: \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_