

HOME BUILDERS ASSOCIATION OF CENTRAL MISSOURI SCHOLARSHIP  
RECOMMENDATION FORM

NAME OF APPLICANT \_\_\_\_\_

NAME OF PERSON MAKING RECOMMENDATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. PLEASE STATE:

A. HOW LONG HAVE YOU KNOWN THE APPLICANT?

B. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

2. PLEASE COMMENT ON THE APPLICANTS:

A. ABILITY TO EXPRESS IDEAS CLEARLY:

B. DESIGN OR CONSTRUCTION SKILLS:

C. WORK HABITS (concentration, thoroughness work speed, initiative and resourcefulness):

D. PERSONALITY (cooperativeness, emotional stability, leadership qualities  
And ability for self-evaluation):

Grade Point Average \_\_\_\_\_

Attendance \_\_\_\_\_