

CANFIT Scholarship Recommendation Form

Student's Name: _____

Recommender: _____

Recommender's Address: _____

Recommender's Phone/E-mail: _____

1. How long have you known the applicant? _____

2. What is your relationship? _____

3. Please rate the student on the following criteria. Circle the number which you feel most closely describes the applicant's abilities. € **IS THE LOWEST RANKING AND ® THE HIGHEST**. Attach another sheet if necessary.

A. Scholastic ability. € ¢ ∠ ∇ ® Please explain your ranking:

B. Commitment to working with low income communities. € ¢ ∠ ∇ ®

C. Degree of past community involvement. € ¢ ∠ ∇ ®

If possible, describe specific situations:

D. "People skills" and potential for working in community adolescent nutrition/fitness. € ¢ ∠ ∇ ®

E. Professional commitment to nutrition or physical education. € ¢ ∠ ∇ ®

F. Potential for making a significant contribution to the field. € ¢ ∠ ∇ ®

Signature: _____ Date: _____

Please return this form to CANFIT by March 31st
CANFIT Scholarships: PO Box 3989, Berkeley, CA 94703
Fax: 510-843-9705 or E-mail: info@canfit.org