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.  ε IS THE LOWEST RANKING AND ® THE HIGHEST. Attach another sheet if necessary.

A. Scholastic ability.  ε  ε  ⁄  ∨  ®
   Please explain your ranking: _______________________________________________________

B. Commitment to working with low income communities.  ε  ε  ⁄  ∨  ®
   _______________________________________________________________________________

C. Degree of past community involvement.  ε  ε  ⁄  ∨  ®
   If possible, describe specific situations: _______________________________________________

D. “People skills” and potential for working in community adolescent nutrition/fitness.  ε  ε  ∨  ®
   _______________________________________________________________________________

E. Professional commitment to nutrition or physical education.  ε  ε  ⁄  ∨  ®
   _______________________________________________________________________________

F. Potential for making a significant contribution to the field.  ε  ε  ⁄  ∨  ®
   _______________________________________________________________________________

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