

# NPPF -- NPPA Career Expansion Scholarship -- Faculty Recommendation Form

Student Name \_\_\_\_\_

How Long Enrolled \_\_\_\_\_

When Expected  
To Graduate \_\_\_\_\_

How Well Do You Know \_\_\_\_\_  
This Student \_\_\_\_\_

• Please list five words that describe this applicant:  
\_\_\_\_\_

• In comparison to this applicant's peers ...  
**How well does this applicant solve problems?**  
1-Very Poor; 10-Very Well      Unable to Judge  
 1    2    3    4    5    6    7    8    9    10  

Additional Comment?

• In comparison to this applicant's peers ...  
**How strong are their verbal skills?**  
1-Poor; 10-Excellent      Unable to Judge  
 1    2    3    4    5    6    7    8    9    10  

Additional Comment?

• In comparison to this applicant's peers ...  
**How innovative is this applicant?**  
1-Not Very; 10-Highly      Unable to Judge  
 1    2    3    4    5    6    7    8    9    10  

Additional Comment?

• In comparison to this applicant's peers ...  
**How much of a team player is this applicant?**  
1-Not at All; 10-Best      Unable to Judge  
 1    2    3    4    5    6    7    8    9    10  

Additional Comment?

• In comparison to this applicant's peers ...  
**How well informed is this student?**  
1-Least; 10-Best      Unable to Judge  
 1    2    3    4    5    6    7    8    9    10  

Additional Comment?

• In comparison to this applicant's peers ...  
**Estimate the potential of this student?**  
1-Low; 10-High      Unable to Judge  
 1    2    3    4    5    6    7    8    9    10  

Additional Comment?

Print Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Your Tele  
Number: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your School: \_\_\_\_\_

**Additional comments are welcome.**

Deadline: Your recommendation must be received by **May 16, 2014**. It must be sent by the faculty member **ONLY**.  
Send to: C. Thomas Hardin, president NPPF, 1622 Forest Hill Dr., Louisville, Ky. 40205



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How Well Do You Know  
This Student \_\_\_\_\_

• Please list five words that describe this applicant:

\_\_\_\_\_

• In comparison to this applicant's peers ...

**How well does this applicant solve problems?**

1-Very Poor; 10-Very Well

Unable to Judge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10		

Additional Comment?

• In comparison to this applicant's peers ...

**How strong are their verbal skills?**

1-Poor; 10-Excellent

Unable to Judge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10		

Additional Comment?

• In comparison to this applicant's peers ...

**How innovative is this applicant?**

1-Not Very; 10-Highly

Unable to Judge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10		

Additional Comment?

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**How much of a team player is this applicant?**

1-Not at All; 10-Best

Unable to Judge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10		

Additional Comment?

• In comparison to this applicant's peers ...

**How well informed is this student?**

1-Least; 10-Best

Unable to Judge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10		

Additional Comment?

• In comparison to this applicant's peers ...

**Estimate the potential of this student?**

1-Low; 10-High

Unable to Judge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10		

Additional Comment?

Print Your Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your School: \_\_\_\_\_

Date: \_\_\_\_\_

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Number: \_\_\_\_\_

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