

OMAHA LEGAL PROFESSIONALS ASSOCIATION 2018 SCHOLARSHIP

CONFIDENTIAL REFERENCE FORM

(This form is to be completed by an appropriate supervisor, employer, or faculty member.)

APPLICANT NAME _____

GRADE POINT AVERAGE _____ ON A 4.0 SCALE

EVALUATION

(Check appropriate box)

	<u>Superior</u>	<u>Above Average</u>	<u>Average</u>	<u>Poor</u>
Ability to reason and to work independently in solving problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and resourcefulness in doing work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in carrying out details of instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments (may attach letter of recommendation): _____

Signature of employer, supervisor or faculty member: _____

Title/position: _____ Date: _____

