

**Omega Psi Phi Fraternity, Inc.  
Mu Xi Chapter**

**C. D. Henry Memorial Scholarship**

**Recommendation Form**

Applicant's Name \_\_\_\_\_

**Please evaluate the applicant by checking the appropriate spaces below::**

- 4. Excellent**
- 3. Above average**
- 2. Satisfactory**
- 1. Unsatisfactory**

|  | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b> | <b>Comments</b> |
|--|----------|----------|----------|----------|-----------------|
| 1. Academic potential                  |          |          |          |          |                 |
| 2. Ability to work with others         |          |          |          |          |                 |
| 3. Ability to organize                 |          |          |          |          |                 |
| 4. Ability to express ideas orally     |          |          |          |          |                 |
| 5. Ability to express ideas in writing |          |          |          |          |                 |
| 6. Initiative                          |          |          |          |          |                 |
| 7. Leadership potential                |          |          |          |          |                 |
| 8. Integrity                           |          |          |          |          |                 |

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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Overall recommendation: \_\_\_Highly recommended \_\_\_Recommended \_\_\_Do not recommend

**Please type or print**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Institution** **Position**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Signature** **Date**

Please return to:

Stan Rayford, Chairperson  
Scholarship Committee  
P.O. Box 2483  
Glen Ellyn, IL 60138