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**

	4	3	2	1	Comments
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 know the applicant? _____ In what capacity? _____

Overall recommendation: (Circle One) Highly recommended Recommended Do not recommend

_____
Your name

_____
Institution **Position**

_____
Address

_____
Signature **Date**

Please email to: 1911oppmuxischolarship@gmail.com
Attn: Stan Rayford, Scholarship Chairperson