



**Jabberwock Scholarship Program Recommendation Form
(For Teacher, Principal, Counselor, Pastor, Community Person or Employer)**

The student below has expressed interest in being a participant in the Pittsburgh Alumnae, Chapter of Delta Sigma Theta Sorority, Inc. Jabberwock Scholarship Program. A requirement of participation is to provide the chapter with a character reference. Please complete the following information and return it to the student in a sealed envelope that is signed on the flap or email it to jabberwock.pghdst@gmail.com.

Participant's Name (Print) _____

1. How long have you known this participant? _____

2. In what capacity have you known the participant? _____

3. Do you feel that this applicant's dedication, ability, and sincerity of purpose will enable her to complete required task of the Jabberwock Program? If not please explain?

4. Based on your knowledge of the participant, please check the level you feel best describes the participant.

	Outstanding	Good	Fair	Poor
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Thinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Attitudes and Ideals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use a separate sheet to make comments as needed.

Signature _____ Date: _____

Name (Print) _____ Title: _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email: _____

Please indicate your relation to the participant by placing a check mark in front of the best description below:

Teacher Principal Counselor Pastor Community Person Employer