



Global Education Solutions

**Scholarship Recommendation**

Tel: (800) 266-4441

Fax: (480) 557-7926

www.GoWithCEA.com

**Return completed recommendation form to:**

Fax: 480-557-7926

Email: [info@GoWithCEA.com](mailto:info@GoWithCEA.com)

Mail: 2005 West 14<sup>th</sup> Street, Suite 113, Tempe, Arizona 85281-6977

**Applicant Information:**

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

Scholarship: \_\_\_\_\_

Session (*Summer, Fall or Spring*): \_\_\_\_\_

I hereby authorize this form to be completed and sent to CEA and waive my rights of access to this information.

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

**For the Evaluator:**

This applicant is applying for the CEA Scholarship noted above. Your confidential report of the applicant's background will provide us with information which will help us better understand the applicant's qualifications and merit. Please provide a rating of the applicant's performance in the following areas. Please attach any additional comments or narrative to this form. Upon completion, please return it to CEA.

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

Academic Skills (select one): Excellent Good Fair Poor Don't Know

Comments:

---

---

---

Independence / Initiative (select one): Excellent Good Fair Poor Don't Know

Comments:

---

---

---

Intellectual Curiosity / Sense of Adventure: Excellent Good Fair Poor Don't Know

Comments:

---

---

---

Ability to Tolerate Ambiguity / Appreciate Different Views: Excellent Good Fair Poor Don't Know

Comments:

---

---

---

Maturity / Good Judgment: Excellent Good Fair Poor Don't Know

Comments:

---

---

---

Evaluator's Name: \_\_\_\_\_

Position: \_\_\_\_\_

University/College: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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