



ACEC Ohio Scholarship Recommendation Form

Complete this form and return to ACEC Ohio by: January 4, 2019
ACEC Ohio
Attn: Holly Roberto
1650 Lake Shore Drive, Suite 200
Columbus, Ohio 43203
OR
holly.roberto@acecohio.org
614.487.8844

Name of Student: _____

Name of School: _____

Degree/Discipline Expected: _____ Date Expected: _____

Your Name: _____

Title: _____

Organization: _____

You are (indicate one): Engineering Professor Consulting Engineer Land Surveyor

Phone: () _____ - _____

Address: _____

How long, how well, and in what capacity have you known the applicant?:

Please rate the student in each of the following categories.
(rating 1, 2, 3, 4, or 5; with 1 the lowest and 5 the highest)

Rate each category as best you can, do not leave any category without a rating point.

	Rating	Use space below to explain your answers
Cooperation	_____	_____
Leadership	_____	_____
Initiative	_____	_____
Industrious	_____	_____
Dependability	_____	_____
Courtesy	_____	_____
Maturity	_____	_____
Self-control	_____	_____
TOTAL POINTS	_____	

Why will the student be a good engineer? _____

Signature : _____ Date: _____ / _____ / _____