

The Foundation for Reading Area Community College

HONORS PROGRAM SCHOLARSHIP RECOMMENDATION FORM

Name of Scholarshi	p Applicant:
Name of Recomme	nding Instructor:
To the Applicant:	This recommendation form is required if you are applying for an Honors Program Scholarship from the Foundation for Reading Area Community College.
	Fill in the "applicant" section of the form and sign the confidentiality waiver. Then give the form to an instructor who has supervised your work for an honors course, honors contract or independent study.
To the Instructor:	You have been selected as a reference by the above named student who

is applying for an Honors Program Scholarship through the Foundation

for Reading Area Community College.

Honors Program scholarships are awarded to full- or part-time students who meet the following criteria:

- completion of six (6) honors credits at RACC
- a minimum GPA of 3.25, excluding developmental courses, and a "B" or higher in all honors courses.
- previous recipients of this scholarship may reapply after they have completed an additional six (6) credits of Honors classes.

The goal of the Honors Program Scholarship is to reward students who are academically motivated and intellectually curious and who have benefited from and demonstrated a commitment to an honors education.

Applicants meeting the above criteria will be selected by the Honors Committee based on information provided by the student and this faculty recommendation. Financial need will be considered.

Return the completed form to: bcreasy@racc.edu

If you have any questions, contact the Foundation Office at 610-372-4721 ext. 5026

APPLICANT

Student Name:			
RACC ID#:	Phone Number:		
Street Address:			
City:	State:	Zip:	
Email:			
By applying for this scholarship, I give anyone in personal information including directory, financ		=	
INSTR	UCTOR REFERENC	E	
The goal of the Honors Committee is to motivated and intellectually curious and demonstrated a commitment to an hon academic performance and intellectual selection. Only if the student has signed confidential.	d who furthermore have lors education. Your can promise will help the co	benefited from and did estimate of the applicant's mmittee in making its final	
1. How long have you known this stude	ent?		
2. In what course(s) have you taught th	is student?		

3. Using the criteria on the next page, rank the student in relation to other honors students you have known.

Criteria	Below Average	Average	Good	Very Good (top 10%)	Excellent (top 2 %)	Not Observed
Intellectual Curiosity						
Open-Mindedness						
Originality in Problem-Solving						
Creativity						
Ability to Grasp Difficult Concepts						
Class Participation						
Thoroughness in Course Work						
Ability to Work Independently						
Ability to Work with Others						
Initiative						
Self-Direction						
Academic Promise						

Name:							
		_					
Signature:		_ Date:					
ADDITIONAL INFORMATION/COMMENTS (OPTIONAL):							

I do / do not (circle one) consider the student named on this application as a worthy recipient

of the Honors Program Scholarship.

Deadline: Noon, February 8, 2024

bcreasy@racc.edu