

Program Catholic Studies

Scholarship Application

Faculty Recommendation

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|---|---|---------------------------------|---------------------------------|---------------------------------|
| Name of Applicant | Click here to enter text. | | | |
| <p>Student: Please sign the authorization and give this form to your advisor or faculty member who knows you well.</p> <p>I hereby authorize Advisor or Faculty name to complete this form</p> | | | | |
| Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared. | | | | Waive right? |
| Student's Signature | Type your name again. | Date | June 2, 2017 | |
| <p>Faculty Member: The student named above has applied for a Catholic Studies scholarship. Please comment on the following questions. After completing the form, either save it and forward it to cast@shu.edu or print it and return it in a sealed envelope to:</p> <p style="text-align: center;"> Catholic Studies Scholarship Committee Department of Catholic Studies (Walsh 427) Dr. Inez Murzaku Seton Hall University 400 South Orange Avenue South Orange NJ 07079 inez.murzaku@shu.edu </p> | | | | |
| How long and in what capacity have you known the applicant? Click here to enter text. | | | | |
| How would you evaluate this student's academic abilities? Click here to enter text. | | | | |
| In what ways has the student been involved with the Catholic Studies program outside the classroom? Click here to enter text. | | | | |
| Please evaluate the applicant: | | | | |
| Sense of Responsibility | Academic Performance | Intelligent Curiosity | Respect for others | Likes to be challenged |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |