GEORGE M. PULLMAN EST. 1950 EDUCATIONAL FOUNDATION

First Name* Last Name* Employer*

Job Title* Email Address* Phone Number*

Applicant's First Name* Applicant's Last Name* Applicant's High School*

In what capacity do you know the applicant? Approximately how long have you known the applicant?

Please check all that apply?*

- ☐ Teacher
- ☐ Counselor
- ☐ Mentor
- ☐ Coach
- ☐ Employer
- ☐ Other

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 or more years

Please select the response that you feel best describes the applicant and their skills.*

	Exceptionally Well	Above Average	Acceptable	Needs Improvement
How does the applicant demonstrate individual effort, personal responsibility, and integrity?				
How driven is the applicant to achieve their academic and future career goals?				
How does the applicant demonstrate an ability to overcome adversity?				
How does the applicant get along with others?				

Denotes required questions. This document is for viewing purposes only. Recommendation Forms must be submitted through the Foundation's application software on our website.

GEORGE M.
EST. PULLMAN 1950
EDUCATIONAL FOUNDATION

How has the applicant positively influenced fellow students or their larger community?

What three words would you use to describe the applicant?*

Do you have any concerns about the applicant adjusting to and succeeding at college?*

Yes

No

If yes, please elaborate on your concerns.*

Overall, how do you recommend this applicant for the Pullman Foundation Scholarship?*

Highly Recommend

Recommend

Recommend with some hesitation

Do not recommend

Please feel free to share anything else you would like the Foundation to know about this applicant.

**Denotes required questions. This document is for viewing purposes only. Recommendation Forms must be submitted through the Foundation's application software on our website.*