



## Recommendation for Jane M. Klausman Women in Business Scholarship

Please return this form by: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature is required (Insert image of your signature or print, sign and scan this page.)

**Applicant:** \_\_\_\_\_  
Last (Family) Name
First
Middle

**Recommendation from:** \_\_\_\_\_  
Name
Position/Title

\_\_\_\_\_  
College/university/institute/business/organization

The applicant above has applied for a Jane M. Klausman Women in Business Scholarship. The Jane M. Klausman Women in Business Scholarship Evaluation Committee greatly values and appreciates your opinion. Please discuss the applicant's accomplishments; current academic program or work experience; intellectual independence; capacity for analytical thinking; ability to organize and express ideas clearly; creativity; motivation; and potential for learning and succeeding in a business-related field. You may write your recommendation letter on letterhead of your choice; however, you must sign and submit this form with your letter of recommendation.

How long have you known the applicant? \_\_\_\_\_

Please rate the applicant with respect to your experience with other students/employees in this field/position:

- |                          |                          |                          |                          |                          |                                 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/>        |
| <b>Exceptional</b>       | <b>Very Good</b>         | <b>Good</b>              | <b>Average</b>           | <b>Below Average</b>     | <b>Insufficient opportunity</b> |
| <b>Top 5%</b>            | <b>Next 10%</b>          | <b>Next 15%</b>          | <b>Next 30%</b>          | <b>Last 40%</b>          | <b>to observe</b>               |

Signature is required (Insert image of your signature or print, sign and scan this page.) \_\_\_\_\_ Date \_\_\_\_\_

<b>Return form to Zonta Club of:</b>		<b>Address:</b>		<b>City:</b>	
<b>State/Province:</b>		<b>Country:</b>		<b>Postal Code:</b>	
<b>Fax:</b>		<b>Email address:</b>			