

FREDRIKSON & BYRON FOUNDATION MINORITY SCHOLARSHIP PROGRAM

APPLICANT APPRAISAL FORM FOR EMPLOYER OR OTHER REFERENCE

(Please type or print)

Applicant: Please complete Section A and ask an employer reference (if possible) to complete Section B.

SECTION A

NAME OF APPLICANT _____

LAW SCHOOL _____

SECTION B

NAME OF REFERENCE _____

TITLE _____

ADDRESS _____

Daytime Phone: () _____

I have known the applicant as _____ Employer
_____ Other _____

How long have you known the applicant? _____

Please rate the applicant in the following areas by circling the appropriate ratings.

	Unable to Rate	Needs Improvement	Average	Outstanding	Exceptional
<u>Analytical Skills</u> (Ability to analyze, problem solve, judge, and research)	1	2	3	4	5

Comments: _____

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Interpersonal Skills 1 2 3 4 5
(Ability to work with and
communicate effectively with
coworkers and clients)

Comments: _____

Composure 1 2 3 4 5
(Ability to handle pressure)

Comments: _____

Work Ethic 1 2 3 4 5
(Willingness to work hard and
maintain high performance
standards)

Comments: _____

Quality of Work 1 2 3 4 5
(Completing work thoroughly,
accurately, and according to
specifications)

Comments: _____

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Unable to Rate	Needs Improvements	Average	Outstanding	Exceptional
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1	2	3	4	5
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Leadership

(Ability to guide behavior of others toward accomplishment of group goals)

Comments:

Other Comments:

Date

Signature