



## Scholarship Committee Applicant Recommendation/ Appraisal

APPLICANT: Please complete the items below:

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

.. I waive the right to inspect this appraisal when completed and understand it will remain confidential.  
 .. I do not waive my right to review this document.

Applicant Signature \_\_\_\_\_

APPRAISER: The above named applicant is applying for a scholarship from the Parking Industry Institute. The number of available scholarships and the amount of funds are limited, so we seek to help the most deserving students continue toward Bachelor's degrees.

Appraiser's Name \_\_\_\_\_ Institution \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

1. In what capacity and for how long have you known the applicant? \_\_\_\_\_  
 \_\_\_\_\_

2. Please evaluate the applicant in the following categories:

	Exceptional	Very Good	Average	Fair	Poor	Unobserved
Intellectual Curiosity						
Self-discipline						
Persistence						
Motivation for Study						
Ability to Express Self in Writing						
Ability to Express Self in Speech						

3. Do you believe this applicant has the ability, desire and determination to complete the requirements for an Associate's or Bachelor's degree?      Yes                      No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

4. Please attach a separate sheet if there are further statements you wish to make regarding this applicant's unique qualifications, behavioral tendencies, or limitations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail directly to: Trustees, Parking Industry Institute  
 1112 16<sup>th</sup> Street, NW, Suite 840  
 Washington, DC 20036

T: 800/647-PARK · P: 202/296-4336 · F: 202/296-3102