

HIROSHI & BARBARA KIM YAMASHITA HEA SCHOLARSHIP

RECOMMENDATION by FACULTY, CLUB ADVISOR or EMPLOYER or COMMUNITY LEADER

APPLICANT'S NAME _____

Please check appropriate ratings 5 = Highest; 1 = Lowest; N/A (not applicable)

	5	4	3	2	1	N/A
• Is Motivated (effort, drive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Has leadership potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Can express ideas orally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Can organize ideas in writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Works well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other observations/impressions to assist committee:

Signature _____ Print/Type Name _____

Position _____ Date _____

Name of College/Business _____ Phone Number _____

FORM MUST REACH COMMITTEE NO LATER THAN 12:00 NOON ON APRIL 3, 2017.
SEND FORM TO: HIROSHI & BARBARA KIM YAMASHITA HEA SCHOLARSHIP COMMITTEE
1953 SOUTH BERETANIA STREET, SUITE 5C, HONOLULU, HI 96826
OR E-MAIL AT HEA.OFFICE@HEAED.COM