ASM Scholarship Recommendation Form

Applicant's name:	
Extent of your acquaintance with the applicant:	
Appraisal of academic performance:	
Comments on personal qualities of the applican	t:
Rate the applicant on a scale of one to ten (1 =	lowest, 10 = highest)
Overall performance: Interest in materials: Potential service to ASM:	
Name:	Title:
Address:	Phone:
Signature:	Date:
Peoria Chapter ASM International Information Society Peoria, Illinois	-1-

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