



**2010 ASHE ENGINEERING SCHOLARSHIP PROGRAM  
SCIENCE/MATH TEACHER RECOMMENDATION FORM**

**PART I** (To be completed by Applicant)

APPLICANT'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

PERMANENT ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

LOCAL ADDRESS: \_\_\_\_\_  
(if different from above) (Street) (City) (State) (Zip)

TELEPHONE NO.: \_\_\_\_\_ LOCAL TELEPHONE NO.: \_\_\_\_\_  
(Area Code) (Area Code)

SOCIAL SECURITY NO.: \_\_\_\_\_

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The student listed above has applied for a scholarship sponsored by the Harrisburg Section of the American Society of Highway Engineers (ASHE). As a part of the evaluation of the student's qualifications, the student's science or math teacher is requested to complete Part II of this form and forward it directly to ASHE. Your comments are an important consideration in the scholarship competition; use additional sheets as required to complete this form. All information contained on this form will be considered confidential by ASHE.

**PART II** (To be completed by Teacher)

SCIENCE/MATH TEACHER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

HIGH SCHOOL, COLLEGE, OR UNIVERSITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE NO.: \_\_\_\_\_ POSITION: \_\_\_\_\_  
(Area Code)

EMAIL ADDRESS: \_\_\_\_\_

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_
2. Is the applicant enrolled in a civil engineering curriculum (  ) Civil Engineering  
or a civil technology curriculum? (please check one) (  ) Civil Technology

3. What is the applicant's class standing (please check the most appropriate):

Top 5%  Top 10%  Top 20%  Top 30%  Top 50%  Other

4. Are you aware of the applicant's involvement in extracurricular activities? (  ) Yes  
If yes, please comment. (  ) No

5. Do you know of anything reflecting adversely on the integrity and general good character of the applicant?

6. Please comment on the applicant's character and reputation.

7. In what regard is the applicant held by his/her instructors?

8. In what regard is the applicant held by his/her fellow students?

9. Are you aware of any special financial difficulties being experienced by the applicant which should be considered by the scholarship committee. If so, please comment. (  ) Yes  
(  ) No

10. Other:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The completed Recommendation Form should be postmarked and mailed (or faxed) by **January 14, 2010** to the ASHE Scholarship Committee at the following address:

ASHE Scholarship Committee  
Attn: Jessica J. Johnson  
PO Box 322  
Camp Hill, PA 17001-0322  
Fax: (717) 975-6480