

Friends of the Oberlin College Library

REFERENCE FORM

DEADLINE DATE: July 15

TO THE APPLICANT: Mail this form to your reference listed below, enclosing a stamped envelope addressed to the: Office of the Director of Libraries, Oberlin College, Mudd Center, 148 West College Street, Oberlin, OH, 44074-1532. Two references are required.

TO BE FILLED OUT BY APPLICANT:

Name of Applicant: _____

Applicant's Mailing Address _____

City _____ State _____ Zip _____

Signature of Applicant: _____

Name of Reference: _____

TO BE COMPLETED BY THE REFERENCE:

The above applicant has applied for the Graduate Library School Scholarship sponsored by the Friends of the Oberlin College Library. This scholarship is awarded to an Oberlin graduate who has been admitted to a masters degree program in librarianship and who shows promise for success in the field.

Do you recommend this applicant for the scholarship:

_____ Highly recommend _____ Recommend
_____ Recommend with reservation _____ Do not recommend

Do you agree to be contacted for a telephone interview? Yes _____ No _____

Best time to be contacted: _____

How long and in what capacity have you known the applicant?

Applicant Characteristics: For each characteristic, please check the most appropriate rating.

Characteristic	Very Good	Good	Average	Below Average	Unsatisfactory	No Opportunity to Judge
Intelligence						
Initiative						
Oral Expression						
Accepting Responsibility						
Leadership Skills						
Interpersonal Skills						
Creativity						
Integrity						
Problem-Solving Skills						
Organizational Skills						
Productivity						

Evaluation of Applicant:

The scholarship will be awarded to an Oberlin graduate who is well qualified for a professional library and information science career. In the space provided below or on a separate sheet, please provide your evaluation of the applicant's competence, promise, ability to do graduate study, and potential for leadership. Comment on any characteristics that might have a favorable or adverse effect on the applicant's academic or professional career. We assure you that your comments will be kept strictly confidential.

COMMENTS:

To Be Completed by Reference:

Signature _____

Name (print or type) _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____