

## De La Salle-College of Saint Benilde Center for Admissions-Scholarships and Grants Unit (CA-SGU)

Email: scholarships@benilde.edu.ph

## St. Mutien Marie Wiaux Scholarship **Recommendation Form**

FIRST NAME	MIDDLE NAME		LAST NAME		
DEGREE PROGRAM ACCEPTED FOR					
NAME OF ART INSTRUCTOR:					
<b>Dear Art Instructor:</b> The above-mentioned is applying for the Saint Benilde. Your candid assessment of this student's articandidate's application for Scholarship. Please email this ap *For hand carry, properly sealed the envelope then sign diag	stic development and popraisal directly to the <u>s</u> e	otential will be used cholarshipapplicatio	only for the as	ssessment of this	
I. Academie Detential	Above	Avorogo	Below	No Chance to	
I. Academic Potential a. Highly focused in art class	Average	Average —	Average	Observe —	
b. Performed assignments effectively	Н	Н	Н	Н	
II, Personality/Values and Attitudes		_		_	
a. Motivation, Drive, Attitude, Clear Goals, Dedication	· 📙		Ц	Ц	
b. Interpersonal Skills/Works and relates well to other		H	님	H	
c. Self-Discipline, Sense of Responsibility	Ц	Ш	Ш		
III. Abilities					
a. Ability to Comprehend and Work with Art Concepts	s $\square$	П			
b. Creativity Innovation/Imagination					
c. Skill and Craftsmanship					
d. Artistic growth during Acquantiance		Ц	Щ	Ц	
e. Willingness to try new materials/process		Ш		Ш	
How long have you known the applicant and in what capa	acity?				
Please comment on the following:  1. The applicant's major strengths in terms of the degre  2. The applicant's areas of challenge in terms of the degre  3. Other factors that may assist in the evaluation and sufficients.	gree being applied to;	t's for the SMMW S	cholarship		
Recommendation:  Strongly Recommended Recommended	Recommende	ed with Reservation	☐ No	t Recommended	
CICNIATUDE OVED DDINITED NAME / DATE		SCHOOL / C/			
SIGNATURE OVER PRINTED NAME / DATE		SCHOOL/ CO	JIVIPAN Y		
DESIGNATION/POSITION	_	ADDRESS			