

Lucyanna Hitch Award LETTER OF RECOMMENDATION FORM

Student Name _____ **Date** _____

Student: Please ask an employee of Bellin College, whom you feel could best represent you, to complete this confidential form.

Bellin College employee: Please rate to what extent you feel this student demonstrates the Bellin College values below and include comments. Return the completed form to the chair of the Lucyanna Hitch Award selection committee.

	Disagree	Neutral	Agree	Strongly agree	
Bellin College Values	0	1	3	4	5
Excellence – being the best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Integrity – honest and ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Community – partnership and shared participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Caring – empowering relationships based on empathy and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Other Additional Comments:

Employee Name (print): _____

Signature: _____ Date: _____

***Employee - Please return completed form to the Lucyanna Hitch Award selection committee chair**