Mississippi Library Association
Peggy May Scholarship Recommendation Form

Please Note: To receive consideration for the award, all recommendations must be received by July 31st.

The candidate listed below has asked for your recommendation for the Peggy May Scholarship. You may either use this recommendation form or write a letter of recommendation.

Candidate’s name ______________________________________________

In what capacity do you know the candidate?
______________________________________________________________

How long have you known the candidate? ____________________________

The Peggy May Scholarship is awarded on the basis of academic excellence, leadership capabilities and a commitment to a career in librarianship in the state of Mississippi. On a scale of 1 to 5 please rate the candidate in the following areas:

Academic excellence              5           4           3          2          1
Strong                                     Weak

Leadership capabilities            5           4         3           2           1
Strong                                      Weak

Commitment to a career in librarianship in Mississippi
5          4            3            2           1
Very committed  Not committed at all

Why do you believe that the candidate should be considered for this award?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

________________________________________________________________
In your opinion, what are the candidate’s greatest strengths?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Does the candidate have any weaknesses that, in your opinion, should disqualify them from consideration in this award? Yes____  No ____

If so, please explain
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Do you have any further remarks about this candidate?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Signature________________________________________________________

Name (please print)________________________________________________

Title____________________________________________________________

Institution________________________________________________________

Address_________________________________________________________

Thank you for taking the time to fill out this recommendation form. Please email your recommendation to the Peggy May Scholarship committee chair, Justin Easterday, Justin.easterday@usm.edu. In order for the scholarship application to be considered, your recommendation form or letter must be received no later than July 31st.