

ASSOCIATION FOR EQUALITY AND EXCELLENCE IN EDUCATION, INC.
SCHOLARSHIP APPLICATION RECOMMENDATION FORM

APPLICANT:

Please print your complete name. Have the form completed preferably by a guidance counselor, teacher, minister, etc. Then have the completed form returned to your TRiO Program Office.

Please type or print all information

NAME: _____
(LAST) (FIRST) (MIDDLE)

School: _____

Relationship to the applicant:

Teacher Friend Guidance Counselor TRiO Program Staff Employer / Supervisor

Other (explain) _____

How long have you known the applicant? From: _____ To: _____

To your knowledge, has the applicant been dismissed from high school or college for academic or disciplinary reasons?

Yes No No comment

Evaluate the applicant's personal qualifications using the following key:

1- Outstanding 2- Above average 3- Average 4- Below average 5- No basis for judgment

| Score | ASSESSMENTS | Score | ASSESSMENTS | Score | ASSESSMENTS |
|-------|-----------------|-------|----------------------|-------|----------------------|
| | Dependability | | Maturity | | Personality |
| | Appearance | | Personal Behavior | | Work habits |
| | Basic Attitudes | | Leadership skills | | Personal Initiative |
| | Creativity | | Reaction to Setbacks | | Communication Skills |
| | Enthusiasm | | Honesty/ Integrity | | Self-Esteem |
| | Motivation | | Self-confidence | | Intellectual ability |

COMMENTS: *Should you feel this applicant is outstanding or below average in any factor, please give the reasons for your opinion. If you simply want to comment, please attach a letter of recommendation to this application.*

RECOMMENDER:

(Ms., Mrs., Mr., Dr.) _____
(LAST) (FIRST)

INSTITUTION: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP CODE)

Office #: () _____ - _____ Fax # (): _____ - _____ Cell #: () _____ - _____
(AREA CODE) (NUMBER) (AREA CODE) (NUMBER) (AREA CODE) (NUMBER)

Email Address: _____

Signature: _____ Date: ____ / ____ / ____