

Graduate Scholarship

Recommender Form

(Provide this form to your recommender)



**Application Deadline:
Friday, May 1, 2009**

Instructions to Applicant

Complete Part 1 of this form and then give it to your recommender. Allow your recommender at least two weeks to complete this form. Ask your recommender to enclose the form in a sealed envelope. When the recommender returns the form to you, leave it sealed. Submit the sealed recommender form along with your application by the May 1st deadline.

Part 1: Applicant Information (please print or type)

Name _____
(Last) (First) (Middle Initial)

Instructions to the Recommender

Please complete Parts 2 and 3 of this form below and return it signed to the student in a sealed envelope with your signature written across the seal. All application materials must be submitted by the student by the May 1st deadline. ACSF greatly appreciates your assistance. For further information about ACSF, visit our website at www.azcsf.org.

Part 2: Recommender Information (please print or type)

Name _____

Professional title _____

Community Organization/School _____

E-Mail _____

Phone(_____) _____

Relationship to the applicant _____

Part 3: Evaluation (Please print or type)

To the Recommender: The person named in Part 1 of this recommendation form is applying for a Graduate Internship with ACSF. This evaluation is a critical component in our decision. For each category we ask that you: a) describe supportive evidence of the abilities, skills and attributes you cite and b) include any limitations as well as strengths.

How long have you know the applicant? Less than 1 year 1 year or more

How well do you know the applicant? Casually Fairly well Very well

Please rate the applicant on the following attributes: (providing supportive evidence in the spaces indicated)

(PLEASE MARK ONE)

	Below Average	Average	Above Average	Extraordinary	Not able to comment
Curriculum Rigor & Academic Habits (student challenges him/herself, manages time well, utilizes academic support networks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Evidence:					
Resiliency (student's ability to persevere through challenging times and reach goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Evidence:					
Motivation & Long Term Goal Setting (student sets realistic goals & develops strategies for completing those goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Evidence:					

(PLEASE MARK ONE)

Below Average	Average	Above Average	Extraordinary	Not able to comment
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Self Awareness (student's understanding of personal strengths and weaknesses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Supportive Evidence:					

Community Involvement & Work Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Supportive Evidence:					

Overall Impression

To the Recommender: If you were making the decision to employ this applicant based on his/her overall success in college/work experience, which of the following would it be?

- Actively employ:** Will be an outstanding employee & successful in his/her future career
- Definitely employ:** Will perform work duties at a superior level
- Moderately employ:** Will perform work duties at a satisfactory level
- Accept, with reservation:** Concerned about ability to complete employee duties.

Please comment on anything else that is relevant to this applicant that has not been revealed thus far on this form. Please use the comments section below QR attach a separate sheet to the back of the recommender form to complete your comments.

Comments:

Recommender's Signature: _____

Phone number: (_____) _____

Date: ____/____/____