The Justin Foundation

www.justinfoundation.com

## Scholarship Recommendation Form

*The Justin Foundation appreciates your candid appraisal of the applicant applying for a Justin Foundation Scholarship. In addition to how well and in what capacity you know the applicant, we are especially interested in your comments regarding the applicant's desire to help others, their overall character, potential, and any other information that you feel would distinguish the applicant from other applicants. Please note: Recommendation forms from family members will not be accepted.*

Name of Applicant_____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Please assess the applicant in the following categories by placing an **X** in the appropriate column:

| Category | Excellent | Good | Fair | Poor | Do Not Know |
|---|---|---|---|---|---|
| Academic Potential | | | | | |
| Willingness to help others | | | | | |
| Dependability | | | | | |
| Honesty | | | | | |
| Enthusiasm | | | | | |
| Leadership Potential | | | | | |
| Sensitivity to Difference | | | | | |
| Vision | | | | | |

What other information would you like to provide about the applicant?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Name of person providing this recommendation _____
Address_____
Telephone Number_____ E-mail_____

Signature_____ Date_____

Please mail this recommendation form before 13 April 2018 to:

The Justin Foundation
PO Box 656
Damascus, VA 24236

**THANK YOU**