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 **Apr. 19th, 2024** to:

The Justin Foundation
PO Box 656
Damascus, VA 24236

THANK YOU