

Fort Valley State University 1890 Scholarship Program

Student Application

LETTER OF RECOMMENDATION FORM (Recommender)

Applicant must complete top portion (please type).

Applicant Name _____

- I agree to waive my rights to the content of this recommendation.
- I DO NOT agree to waive my rights to the content of this recommendation.

Applicant Signature _____



To be completed by recommender.

How long and in what capacity have you known the applicant? _____

Please rate the applicant in the following areas.

	Top 10%	Top 25%	Top 50%	Cannot rate
Motivation for academics				
Maturity				
Diligence				
Ability to work with others				
Reasoning skills				
Written communication				
Oral communication				

Please provide a written evaluation of the applicant, describing your knowledge of the applicant and emphasizing his or her potential for college.

Name of Recommender: _____

Organization and Title: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____