|  |
| --- |
| Academic Recommendation |

***Logo, company name

Description automatically generatedTo be completed by person recommending applicant (Teacher, Counselor, Academic Mentor, or Administrator)***

Click or tap here to enter text. is applying for the Alpha Kappa Alpha Scholarship.

*Student’s Name*

In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers (*enter a check mark in the category that fits)*?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Superior | Above Average | Average | Below Average | Poor | Not Observed |
| Ability to work well with others |  |  |  |  |  |  |
| Determination to succeed |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |  |
| Self-Discipline |  |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |  |
| Motivation to further education |  |  |  |  |  |  |
| Motivated to make a difference in their community |  |  |  |  |  |  |

How long have you known the applicant? Click or tap here to enter text.Years Click or tap here to enter text. Months

In what capacity? Click or tap here to enter text.

Your recommendation of this applicant for this Scholarship

Highly Recommended Recommend Recommend with Reservation  Not Recommended

Please give a brief appraisal of the applicant’s strengths, weaknesses and interpersonal skills.

Click or tap here to enter text.

***Logo, company name

Description automatically generated***

***Recommendation From:***

Name: Click or tap here to enter text. Relationship to Applicant: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click or tap to enter a date.

Please mail or email the recommendation form to the address below:

**Mailing Address:**  
Alpha Kappa Alpha Sorority, Inc.  
PO Box 8528  
Waukegan, IL 60079-8528  
  
**Email Address:**  
akalnoscholarship@gmail.com