



Alpha Kappa Alpha Sorority, Inc.
 Lambda Nu Omega Chapter
 2024 Scholarship Application
 Recommendation Form

Recommendation

To be completed by person recommending applicant (please note that academic and community recommendations are equally important, please check which is applicable):

- Academic:** Teacher, Counselor, Academic Mentor, Administrator, Other
- Community:** Work Supervisor, Minister, or Community Leader, Other

_____ 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	<input type="checkbox"/>					
Determination to succeed	<input type="checkbox"/>					
Maturity	<input type="checkbox"/>					
Interpersonal Skills	<input type="checkbox"/>					
Self-Confidence	<input type="checkbox"/>					
Self-Discipline	<input type="checkbox"/>					
Oral Communication	<input type="checkbox"/>					
Motivation to further education	<input type="checkbox"/>					
Motivated to make a difference in their community	<input type="checkbox"/>					

How long have you known the applicant? [Click or tap here to enter text.](#)

In what capacity? [Click or tap here to enter text.](#)

Your recommendation of this applicant for this Scholarship

- Highly Recommend
- Recommend
- Recommend with Reservation

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



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Recommendation From:

Name: _____ Position: _____

Address: _____ City: _____

State: _____ Zip: _____

Additional Comments (optional):

Phone: _____ Email: _____

Signature _____ Date _____