

# GEORGIA ASSOCIATION OF FAMILY AND CONSUMER SCIENCES SCHOLARSHIP RECOMMENDATION FORM

One form for each award in which applying  
Do not add additional pages to this form

NAME OF APPLICANT:

APPLICANT APPLYING FOR: GRADUATE  
TC TRANSCONTINENTAL UNDERGRADUATE  
SPIRIT OF GIVING UNDERGRADUATE

NAME OF EVALUATOR:

EVALUATOR'S PROFESSIONAL TITLE/ POSITION:

INSTITUTION OR AGENCY NAME:

EVALUATOR'S ADDRESS:

EVALUATOR'S PHONE NUMBER:  EMAIL

HOW LONG AND WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

**BRIEFLY ASSESS THE APPLICANT IN EACH OF THE FOLLOWING CATEGORIES:**

1. PROFESSIONAL POTENTIAL:

2. PROFESSIONAL EXPERIENCE AND INVOLVEMENT:

3. POTENTIAL FOR SUCCESS IN STUDY

3. PERSONAL CHARACTERISTICS THAT ARE DIRECTLY RELATED TO THE APPLICANT'S POSSIBLE SELECTION AS AN AWARD RECIPIENT:

STUDENT RANKING:

AMONG THE \_\_\_\_\_ (NUMBER) OF UNDERGRADUATE OR GRADUATE STUDENTS WHOM I HAVE TAUGHT OR SUPERVISED CLOSELY IN THE PAST 5 YEARS, THIS APPLICANT RANKS IN THE

- CHECK ONE BOX
- TOP 10%
  - TOP 25%
  - TOP 50%
  - OTHER \_\_\_\_\_
  - HAVE NOT WORKED WITH THE APPLICANT IN THIS CAPACITY

SIGNATURE OF EVALUATOR:

DATE: