



2019 Scholarship Reference Form

To Be Completed by the Applicant:

Please type or complete this form in black or blue ink. Fill in **YOUR** name in the appropriate spaces below. You may deliver this form to your references by email or in print.

Applicant Name _____
Last Name
First Name
Middle

To Be Completed by the Recommender:

1. How long have you known the candidate? _____ Years _____ Months
2. In what capacity do you know the candidate?

3. Please rate the candidate in the following areas by checking the corresponding box where appropriate.

	Exceptional	Good	Average	Below Average	Not Observed
Moral Character					
Leadership					
Motivation/Determination					
Demeanor					
Integrity					
Concern for Others					
Study/Work Ethics					
Civic Involvement					
Interpersonal Skills					
Financial Need					

4. Overall Recommendation:

Recommend highly

Recommend without reservation

Recommend with reservation

I Do Not Recommend

Evaluator Signature _____ Date _____

Evaluator Name (Please Print) _____ Title _____

School/College/Company _____ Phone _____

Email Address _____

Please note that you may receive a phone call or email from the scholarship committee regarding this applicant. Thank you for your time.

SC TRIO SCHOLARSHIP Co-Chairs
c/o Shanna Graham & Althea Counts
email to: sctrio1@gmail.com

Due Date: October 18, 2019 by 5:00 pm