

EAST CLEVELAND EDUCATION ASSOCIATION SCHOLARSHIP RECOMMENDATION FORM

Name of Applicant _____

Dear Teacher:

This person is applying for an ECEA scholarship to be used during the 2014-2015 school year. We have high expectations for our students to achieve academically and would appreciate your help in evaluating this applicant's potential. Please evaluate the applicant in light of your understanding of the expectations listed below and note that we will consider your input carefully and confidentially. If you are unable to answer a question, please write "n/a".

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. How well do you know the applicant?

- Very well
- Well
- Casually

4. What is your opinion regarding the aptitude of the applicant for further academic work?

- Highly enthusiastic
- Strong
- Moderate
- Hesitant
- Negative
- No knowledge

5. Your assessment of the applicant's level of social readiness for college:

- Highly enthusiastic
- Strong
- Moderate
- Hesitant
- Negative
- No knowledge

6. Applicant's relationship with peer group:

- Sought out
- Admired but not sought out
- Tolerated
- Avoided
- Rejected

7. Compared to other college-bound students, how does this student rate in academic skills and potential? (use box below)

	Excellent (top 10%)	Good (above average)	Average	Below Average	No basis
Creative, original thought					
Motivation					
Initiative and self-reliance					
Leadership skills					
Academic achievement					
Written expression of ideas					
Effective class discussion					
Disciplined work habits					
Academic potential					
Summary evaluation					

Would you recommend this person for an East Cleveland Education Association Scholarship?

- I would recommend them for a scholarship.
- I do not recommend them for a scholarship.
- I would recommend with the following reservation: _____

Form completed by: (Due by Friday, May 2, 2014 by 3:00 pm)

Name _____

Address _____

Phone (____) _____ email address _____

School or organization _____ Position/Subject _____

Signature _____ **Date** _____

If you would like to mail this form directly to the committee, please send it to:

East Cleveland Education Association
Attn: ECEA Scholarship Committee
13916 Mayfair Avenue
East Cleveland, Ohio 44112