

EAST CLEVELAND EDUCATION ASSOCIATION SCHOLARSHIP RECOMMENDATION FORM

Personal Reference

Name of Applicant _____

This person is applying for an ECEA scholarship to be used during the 2016-2017 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 opinion regarding the aptitude of the applicant for further academic work?

Highly enthusiastic

Strong

Moderate

Hesitant

Negative

No knowledge

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

Highly enthusiastic

Strong

Moderate

Hesitant

Negative

No knowledge

4. Describe your relationship with the student you are recommending.

5. Describe a strength you feel the applicant possesses that makes him/her a good candidate for the scholarship.

Form completed by:

Name _____

Address _____

Phone () _____ email address _____

Organization _____ Position _____

Signature _____ Date _____

Due by Wednesday, April 6, 2016 by 3:00 pm

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