



Gwyneth's Gift Foundation Scholarship Program Student Applicant Recommendation Form

Applicant's Name: _____

You have been asked to provide information concerning the above applicant for a Gwyneth's Gift Foundation Scholarship. For the application to be considered, this form must be completed **and** accompany any letter of recommendation.

Please return this form, no later than Friday, April 12, 2019 to:

Gwyneth's Gift Foundation
Scholarship Program
2217 Princess Anne Street, Suite 101
Fredericksburg, VA 22401

1. In what capacity have you known the applicant? _____

2. How long have you known the applicant? _____

3. How well do you know the applicant? ___ Very Well ___ Fairly Well ___ Limited contact

4. Please rate the applicant from one to four on the following items:

Circle appropriate number for each (1 is below average – 4 is Exceptional, and NI is No Information)

- a. Applicant's determination to achieve his/her goals..... 1 2 3 4 NI
- b. Applicant's ability to work with others in a positive manner..... 1 2 3 4 NI
- c. Applicant demonstrates a capacity for leadership and role models those behaviors..... 1 2 3 4 NI
- d. Applicant's critical thinking skills..... 1 2 3 4 NI
- e. Applicant has a caring and accepting attitude that is evident in his/her daily activities..... 1 2 3 4 NI
- f. Applicant's reliability..... 1 2 3 4 NI
- g. Applicant's honesty/integrity..... 1 2 3 4 NI
- h. Applicant's initiative..... 1 2 3 4 NI
- i. Applicant's commitment to community and service..... 1 2 3 4 NI

5. Please attach a statement that outlines why this applicant should be considered for this scholarship.

Signature

Title

Date

Phone Number