



Name of Applicant: \_\_\_\_\_

**VAEOPP SCHOLARSHIP RECOMMENDATION FORM**

The Virginia Association of Educational Opportunity Program Personnel (VAEOPP) is a professional development and advocacy association made up of TRIO program personnel from throughout the Commonwealth of Virginia. We promote equal educational access and opportunity for low-income and first generation students served by TRIO programs.

Each year VAEOPP selects eight students to receive scholarships through the organization. As such, your candid evaluation of the applicant requesting your recommendation would be of assistance to the VAEOPP Scholarship Committee in selecting worthy candidates. Thank you!

Please write or type your responses legibly.

Evaluator's Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

How long and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

To the best of your ability, please assess the applicant below. Please mark an "X" in the box that best represents your response.

Academic Ratings:	Excellent	Very Good	Good	Fair	Poor
Motivation					
Initiative					
Creativity					
Work Ethic					
Academic Achievement					

Character Ratings:	Excellent	Very Good	Good	Fair	Poor
Leadership					
Self-Confidence					
Maturity (Responsibility)					
Response to Feedback					
Willingness to Collaborate					



Name of Applicant: \_\_\_\_\_

Engagement Ratings:	Excellent	Very Good	Good	Fair	Poor
Extracurricular Activities					
Community Involvement					

Why do you believe this applicant deserves this scholarship?

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Please mark, with an "X", the option that best reflects your overall recommendation of this applicant.

Highly Recommend     Moderately Recommend     Reluctantly Recommend     Do Not Recommend

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Recommender,

Please return this form to the applicant in a sealed envelope with your signature over the seal.

Thank you,

VAEOPP Scholarship Committee