

# RECOMMENDATION FORM

Scholarship Year 2022-2023

(NOTE: Two (2) Letters of Recommendation are required)

(Two people, one of whom is a faculty member, who are personally acquainted with your performance, capabilities, and potential.)

## Section I - To be completed by applicant.

\_\_\_\_\_  
APPLICANT’S NAME (PLEASE TYPE OR PRINT)

\_\_\_\_\_  
SIGNATURE

## Section II – To be completed by instructor or advisor.

1. In what capacity and how long have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. How firm the applicant’s commitment to his/her is proposed field of study?
  
  
  
  
  
  
  
  
  
  
3. How would you rate the application the following area? (If you are unable to evaluate an area, please leave blank.)

	Excellent	Very Good	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose Driven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please cite specific examples of how the applicant has demonstrated the qualities listed in Question 3.

5. Additional Comments

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please return completed evaluation to:

**AMDPA Scholarship Committee  
P. O. Box 55104  
Little Rock, AR 72215-5104.**

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