



Ann Arbor Area  
Community Foundation

## Scholarship Recommendation Form

**Student Name:** \_\_\_\_\_

The above-named student is applying for a scholarship through the Ann Arbor Area Community Foundation. Please complete the information below and either return the form to the student OR if you would like the document to be confidential, email the form to [scholarships@aaacf.org](mailto:scholarships@aaacf.org). Recommendations may not be from relatives or family members of the applicant. Questions? Contact Maryellen Ferro, [mferro@aaacf.org](mailto:mferro@aaacf.org) or 734-663-0401 x116.

**Recommender Name:** \_\_\_\_\_

**Position/Title and Organization Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**What is your relationship to the applicant?** \_\_\_\_\_

Please place an "X" in the most appropriate box for each area below. Selections should be determined in comparison to other individuals you have known in a similar capacity.

	No Basis for Judgement	Area of Concern	Opportunity for Development	Meets Expectations	Exceeds Expectations
Desire to Learn					
Motivation					
Ability to Set & Meet Long-Term Goals					
Initiative					
Perseverance Through Adversity					
Ability to Follow-Through					
Potential for Growth					
Attendance					
Reliability					

Please provide additional information below about the applicant, paying attention to (1) what differentiates this person from others (2) their capability for success at college, and (3) any other details you feel are important. If needed, please include no more than one separate sheet of paper.

