RECOMMENDATION for JOEY ROBISON SCHOLARSHIP FOR NON-TRADITIONAL STUDENTS
ALTRUSA INTERNATIONAL OF ______________________________________

RECOMMENDATION FOR

FULL NAME __________________________________________________________

LAST                                       FIRST                                         MIDDLE

The applicant, by signing in the space below, waives her/his right to read the recommendation you are being asked to write.

________________________________________________            _____________________
Signature of Applicant                                                                                 Date

Joey Robison Scholarships are presented to students who: are residents of ________________ County, plan to remain in the area, are non-traditional students (out of high school for six or more years) seeking to upgrade work skills by achieving an undergraduate degree, and who have serious financial need. You are being asked to complete this reference form because you are a professional with knowledge of the applicant’s academic grades and are familiar with the applicant’s academic ability and commitment to finishing a degree.

Please rank the candidate on the following characteristics:

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<thead>
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<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
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<tbody>
<tr>
<td>General Academic Ability</td>
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<td>Perseverance</td>
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<td>Oral Expression</td>
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<td>Written Expression</td>
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<td>Initiative</td>
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<td>Reliability</td>
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<td>Problem Solving</td>
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How likely is this applicant to complete a degree program? (Explain) ______________________
________________________________________________________________________________

How long have you known the applicant? _________ In what capacity have you known the applicant?
________________________________________________________________________________

Comments:
__________________________________________________________________________________

Please Print Name and Address of Person Making Recommendation

___________________________________            ___________________________________
Signature of Person Making Recommendation                        Professional Position of Person Making Recommendation

Please return the completed recommendation to: Altrusa International of ___________________________ ,
______________________________________________________________________________.

(Updated 10-14)