



SAF Athletic Scholarship Academic Recommendation Form

Instructions to Applicant

Please type or print your name and give this form to a personal reference with the instruction to return an electronic copy of the signed recommendation form to scholarships@svamf.org.

Applicant Name: _____

Name of Recommender: _____

Instructions to Parent/Guardian

Please read and sign the statement below. For the Applicant named above, I authorize the person named above to provide an honest evaluation of the Applicant to SAF for the purposes of review for the Athletic Scholarship Application. I acknowledge that I waive my right to read the completed confidential personal recommendation form.

Parent / Guardian Signature

Date

Instructions to the Recommending Person

SAF strives to support snow sports athletes who are dedicated, talented, and generally well-rounded individuals respected by their community. We appreciate your willingness to complete this form and participate in this process. This recommendation will remain confidential.

Your Name: _____

Your Position: _____

Capacity in which you know Applicant:

Your Best Contact Phone #: _____

Your Email Address: _____

Personal Qualities

Please score each as: (1) No Opportunity to observe; (2) Below Average; (4) Average; (5) Above Average; or (6) One of the Best Ever.

Leadership Potential: _____

Reaction to Criticism: _____

Reaction to Setbacks: _____

Personal Conduct: _____

Personal Integrity: _____

Concern for Others: _____

Ability to Act Independently: _____

Ability to Work Cooperatively: _____

General Questions

Please respond to the following questions using a separate sheet of paper if necessary:

1) Compare Applicant's achievement to his/her ability.

2) Describe Applicant's work ethic; self-motivation and drive; and team participation (consider whether absences have affected Applicant's performance).

3) Comment on Applicant as a person (consider maturity, integrity, behavior, relationship with peers, self-confidence).