



**SAF Athletic Scholarship  
Coach Recommendation Form**

**Instructions to Applicant**

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Please type or print your name and give this form to one of your past athletic coaches with the instruction to return an electronic copy of the signed recommendation form to [scholarships@svamf.org](mailto:scholarships@svamf.org).

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

Name of Recommending Coach: \_\_\_\_\_

**Instructions to the Parent / Guardian**

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

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## Instructions to Coach

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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: \_\_\_\_\_

Your Best Contact Phone #: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

## Athletic Qualities

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

Off-season Work-Out Routine: \_\_\_\_\_

In-Season Work Ethic: \_\_\_\_\_

Attention Span/Coach-ability: \_\_\_\_\_

Athletic Potential: \_\_\_\_\_

Motivation: \_\_\_\_\_

Self-Analysis and Improvement Skills: \_\_\_\_\_

## Personal Qualities

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*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: \_\_\_\_\_

