



**SAF Athletic Scholarship
Coach Recommendation Form**

Instructions to Applicant

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.

Applicant Name: _____

Name of Recommending Coach: _____

Instructions to the Parent / Guardian

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

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

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

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: _____

