 **2024-25 Standard Recommendation Form**

**APPLICANT**

* Please complete your section of the form and deliver it to your recommender.
* The recommender must be a relevant academic instructor or individual familiar with your academic, work and/or community service abilities. Note: at least one recommendation must be from an academic instructor.
* Any letter of recommendation that is NOT within a sealed and signed envelope will not be reviewed and will not fulfill the letter of recommendation requirement.
* The letters of recommendation must be included as part of the Application Packet you submit to the IASF.

Last four digits of Social Security Number: XXX-XX- Student ID#:

First Name: Last Name:

I understand that this recommendation is confidential, and hereby waive my right to review this recommendation form.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**RECOMMENDER**

* Thank you for providing a recommendation. Your assessment helps the Application and Review Committee gain additional perspective regarding the applicant.
* Recommendations must be returned to the applicant in a sealed envelope with your signature across the back of the seal to be included in the Application Packet. The Packet must be postmarked on or before June 3, 2023.
* All information requested on the form is required – unfinished recommendations will deem the Application Packet incomplete and disqualify the applicant from consideration.

**1.** In comparison with other students at the same level, how would you rate the applicant on the following qualities?

 *(please check appropriate boxes)*

 Below Above Unable to

 Average Average Average Outstanding Judge

 (Below 50%) (Top 50%) (Top 25%) (Top 10%)

a. Intellectual ability □ □ □ □ □

b. Leadership potential □ □ □ □ □

c. Maturity □ □ □ □ □

d. Written communication skills □ □ □ □ □

e. Oral communication skills □ □ □ □ □

f. Teamwork abilities □ □ □ □ □

**2.** How long and in what capacity have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** On departmental or organizational letterhead, please describe how the student and her/his community may benefit if the student receives an IASF scholarship.

Recommender’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Please return this completed Form and Letter of Recommendation to the student in a sealed/signed envelope)***