 **2025-26 Standard Recommendation Form**

**APPLICANT**

* Please complete your section of the Form and deliver it to your recommender.
* Recommender must be a relevant academic instructor or direct supervisor familiar with your academic, work and/or community service abilities, basing their recommendation on your current or prior year work. Note: at least one recommendation of the two 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 Standard Forms and 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.
* This Form and the Letter of Recommendation **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 submission**.
* 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. Emotional intelligence □ □ □ □ □

b. Leadership potential □ □ □ □ □

c. Written communication skills □ □ □ □ □

d. Oral communication skills □ □ □ □ □

e. Teamwork/collaborative abilities □ □ □ □ □

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

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**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_