

THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY
MEMORIAL SCHOLARSHIP

LETTER OF RECOMMENDATION

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. **REMEMBER**, the three Letters of Recommendation must include either (a) two letters from current or former high school academic instructors **OR** (b) one letter from a high school guidance counselor, high school appointed advisor, or high school principal and one letter from a current or former high school academic instructor. The remaining Letter of Recommendation may be from any other person of your choice. Reference will return the completed letter to you in a sealed envelope. All three Letters of Recommendation must be mailed to the Fund in a single package and must be postmarked by JANUARY 15, 2019.

NAME OF APPLICANT: _____

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS OF REFERENCE: _____

TO REFERENCE:

The applicant named above has applied for a scholarship from The Fary Memorial Scholarship Fund. The scholarship is a competitive, four-year scholarship awarded only to the best of the applicants. Your opinion will be given considerable weight; consequently, your attention to a thoughtful completion of this form is very important.

Please complete and return the form to the applicant in a SEALED envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your sealed reference with other material he/she will mail to the Fund. For purposes of clarification, the Trustee may contact any person submitting a recommendation for the applicant.

OVERALL, I (Please check one):

- RECOMMEND THE APPLICANT WITHOUT RESERVATION**
- RECOMMEND THE APPLICANT WITH SOME RESERVATION**
- RECOMMEND THE APPLICANT WITH SERIOUS RESERVATION**
- DO NOT RECOMMEND THE APPLICANT**

Applicant: _____

PART I:

PLEASE RATE THE APPLICANT ON THE FOLLOWING QUALITIES. RATE ONLY THE QUALITIES OF WHICH YOU HAVE DIRECT KNOWLEDGE.

QUALITY	NOT OBSERVED	LESS THAN SATISFACTORY	SATISFACTORY	EXCELLENT	OUTSTANDING
SCHOLASTIC ABILITY					
CITIZENSHIP					
MOTIVATION					
ORGANIZATIONAL SKILLS/WORK HABITS					
COMMUNICATION SKILLS					
LEADERSHIP POTENTIAL					
RELATIONSHIPS WITH PEERS					
OTHER (IDENTIFY)					

PART II:

Please TYPE responses to the following on separate 8½ X 11 plain paper. On each sheet, identify the applicant and item. The responses must be attached to this form.

1. DESCRIBE THE LENGTH OF TIME AND CONTEXT IN WHICH YOU HAVE KNOWN THE APPLICANT.
2. DESCRIBE THOSE OBSERVATIONS OF THE APPLICANT THAT HAVE LED YOU TO RECOMMEND THIS PERSON FOR A FARY MEMORIAL SCHOLARSHIP. GIVE SPECIFIC EXAMPLES.

SIGNATURE: _____ TITLE: _____

Telephone number: _____

Email address: _____