



## BOAF ~ First Coast Chapter SCHOLARSHIP RECOMMENDATION FORM

**Applicant's Name:** \_\_\_\_\_

*Note: Please complete this form, filling in all of the required information, and then return it to the applicant for submittal with the application. The BOAF ~ First Coast Chapter Scholarship Committee will hold comments in strict confidence.*

Please indicate Type of Reference: Faculty/Teacher \_\_\_\_\_ OR Personal/Professional \_\_\_\_\_

1. I have known the applicant for \_\_\_\_\_ years.
2. The applicant's general reputation and character are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I believe the applicant's scholastic ability to be:  
\_\_\_\_\_ fair \_\_\_\_\_ average \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_ superior

4. I believe the applicant's dedication to study to be:  
\_\_\_\_\_ fair \_\_\_\_\_ average \_\_\_\_\_ good \_\_\_\_\_ excellent \_\_\_\_\_ superior

5. I \_\_\_\_\_ would \_\_\_\_\_ would not recommend the applicant for a scholarship/grant because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Individual Providing Reference

My profession is: \_\_\_\_\_

I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type or Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**BOAF ~ First Coast Chapter Scholarship Program**  
**St. Johns County Building Services Division**  
**4040 Lewis Speedway, St. Augustine, FL 32084**