



Scholarship Letter of Recommendation Form

SCHOLARSHIP APPLICANT INFORMATION:

Applicant's name:
Email Address:
Phone:

TO BE COMPLETED BY REFERENCE:

Please rate the applicant on the following characteristics by placing an "X" in the appropriate column.

	Excellent	Above Average	Average	Below Average	Poor	Unknown
Commitment to academic excellence						
Interest in learning						
Integrity						
Leadership						
Responsibility						
Likelihood of academic success						
Commitment to community service						

Please attach your letter of recommendation to this form. Please be sure to sign the letter and this form.
Thank you for your assistance.

Your name (printed):	
Title/occupation:	
Relationship to applicant:	
Reference signature	Date:

Please return the completed form to the Knoxville Area Urban League by Thursday, January 31, 2019.
Attn: KAUL Scholarship Application P.O. Box 1911 E. Fifth Ave., Knoxville, TN 37901
Or you may submit completed recommendation form and letter by email to info@thekaul.org.