JEWISH FEDERATION OF METROPOLITAN CHICAGO

# 2019 – 2020 APPLICATION FOR THE ACADEMIC SCHOLARSHIP PROGRAM

# **REFERENCE FORM AND LETTER**

### To Be Completed by the Applicant:

Applicant:

First Name

Referee:

Name

Title

I waive the right to inspect this confidential recommendation when it becomes a part of my file at the JVS Chicago. I understand that, according to the Family Educational and Privacy Act of 1974, this waiver is optional.

Handwritten Signature

Date

Last Name

## To the Referee:

The scholarship grants administered by the Jewish Federation of Metropolitan Chicago are awarded to students who show career promise and financial need. Please comment on the student's career promise, academic progress, and career choice. <u>Mail form and letter to:</u> JVS Chicago, 216 W. Jackson Blvd., Suite 700, C/O Scholarship Administrator, Chicago, IL 60606, or return it to the student in a sealed envelope with your signature over the flap's junction point. You may also scan the form and/or letter and e-mail it to jvsscholarship@jvschicago.org.

- 1. How long and in what connection have you known the applicant?
- 2. Please write a letter, using your organization's stationery, commenting on the applicant's scholarship, personality, character, professional promise, academic progress, strengths and weaknesses.

3. Using the chart compare the applicant with other students you know who have similar career objectives.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent	(Top 5%) Outstanding
Intellectual Potential						
Ability to Work with Others						
Emotional Stability						
Responsibility						
Communication Skills						
Ability to Analyze a Problem and Formulate a Solution						
Motivation for Proposed Program of Study						
Concern with Professional Issues						

#### **Recommendation:**

Yes, I highly recommend for scholarship
Yes

Yes

- Yes, with reservations
- No, I do not recommend for scholarship

### Signature:

Address:	 	
Title and/or Degree:		
Field:	 _	
Date:		