

2024 Jarek Swain Scholarship
 KAPsi Foundation Decatur, Inc.
 Gerald Mosley, Chairman

RECOMMENDATION FORM

Section I – To be completed by Applicant.

Name of Applicant _____

Section II – To be completed by a high school, church or community leader who can speak on questions about his/her leadership skills. The person completing this section must not be related to the applicant.

Recommendation From:
Name Title

1. How long have you known the applicant? yrs In what capacity have you been acquainted?

2. Please give your personal appraisal of the applicant:

Category	Excellent	Good	Fair	Poor	Don't Know
Please select one					
Scholastic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to a college degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: