**Pennsylvania Association of Family and Consumer Sciences**

**GRADUATE FELLOWSHIP RECOMMENDATION**

**To be completed by the applicant:**

Name of the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

I do \_\_\_\_\_/do not \_\_\_\_\_ waive the right of access to the recommendations that I have asked to be submitted on my behalf.

I certify that the information given in this application is completed and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Applicant signature

**Individuals providing a recommendation for the above applicant should respond to the following questions/statements and email with this form to** **scholarship@pafcs.org** **with student name in subject line:**

1. How long and in what capacity have you known this applicant?
2. Assess the applicant in each of the following categories:
	1. Professional potential
	2. Potential for success in graduate study
	3. Personal characteristics
	4. Professional experience and involvement
3. Describe the applicant’s outstanding characteristics
4. Why do you recommend the applicant for the PAFCS Graduate Scholarship?
5. Other comments.

**Signature of the individual completing the recommendation**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency or institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations must be received by January 31 of the fellowship year. Email to** **scholarship@pafcs.org** **with student name in subject line.**

**If this must be mailed hard copy,** please contact awards@pafcs.org for mailing instructions.