



**LETTER OF RECOMMENDATION FORM FOR COLLEGE SCHOLARSHIP AWARD
2005/2006**

Dear Applicant:

Please complete the following information on the front page and give this form to one of the three individuals you have chosen to recommend you. Please note: the recommenders cannot be relatives or under the age of 21 years old.

Applicant's name: _____
(First) (M.I.) (Last)

Permanent Address: _____
(Street) (Apt. #)

(City) (State) (Postal Code)

Home Phone: _(_____) _____ Email: _____

The applicant should complete the following:

WAIVER OF ACCESS

I have requested that this recommendation be submitted for use in the *Alexander Graham Bell Association for the Deaf and Hard of Hearing* application process.

In accordance with the *Family Education Rights and Privacy Act of 1974* (check one):

_____ I waive access to this report, which shall therefore be considered confidential.

_____ I do not waive access to this report.

Signature of Applicant

Date

NOTE TO THE RECOMMENDER: If the applicant has agreed to this waiver, we will preserve the strict confidentiality of this document that will be made available only to the members of the scholarship award committee and other appropriate staff members. If the student has not agreed to this waiver, the report will be made available to the applicant upon request.



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Dear Recommender:

The applicant has given your name as a reference to AG Bell. Please return this form directly to the applicant to be included with their application materials to be received at AG Bell by February 15, 2005. Late or incomplete applications will not be considered. Your comments will be treated as strictly confidential and will be used only to weigh the applicant's appropriateness for receipt of financial aid. Please enclose your letter of recommendation in a sealed envelope to the applicant. Thank you for your cooperation.

Name of
Recommender: _____
(First) (Last Name)

Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: _(_____) _____ Email: _____

Signature: _____ Date: _____

AG Bell Membership Information:

Membership in the Alexander Graham Bell Association for the Deaf and Hard of Hearing, while not required, is strongly encouraged. If you would like to receive membership information, please go to our website at www.agbell.org and go to the membership area where you can join on-line or download a membership application. For membership inquiries, please contact membership department at membership@agbell.org or please call 202/337-5220.

1. Are you a member of AG Bell? Yes No
2. If yes, what is your membership number? _____

Information about the applicant:

Please answer the following questions in the space provided. Please type or use ink only.

6. What are the applicant's greatest weaknesses?

7. Please explain why or why don't you believe the applicant has the ability to succeed in a mainstream college or university program.

8. Please rate (check one) the applicant on each of the following characteristics.

Characteristics	Below Average	Average	Above Average	Unknown
Leadership				
Industriousness				
Intellectual curiosity				
Emotional maturity				
Social maturity				

9. Please summarize your primary reason for recommending the applicant for the AG Bell College Scholarship Award for 2005-2006.