



Virgin Islands Board of Career and Technical Education Scholarship Grant Application

2021-2022

RECOMMENDATION FORM

Applicant: please complete the top part of this form and give one to each of the three Recommenders listed in your application form.

Scholarship Applying for:	<input type="checkbox"/> Albert Ragster, Sr.	<input type="checkbox"/> James Petersen, Jr.
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Applicant Name:		Student ID:		Deadline:	
Recommender's Name					
Recommender's Relationship to Applicant					
Applicant's signature:					Date:

Recommender: Thank you for agreeing to submit a recommendation in support of this scholarship applicant. Your comments will not be disclosed to the applicant, it will be available **only to those involved in the scholarship decision process** for scholarship decision purposes. Please use this form to provide an evaluation of this applicant (use additional pages, if needed). Complete both pages of the form and sign it.

Name:		Position:	
Phone:	()	Email:	

How long and in what capacity have you known the applicant?	

Please rate the applicant in each of the following areas:

Rating Areas	Excellent	Above Average	Average	Below Average	Not Able to Rate
Potential for college success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity (scholastic or artistic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment and follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Applicant's name:	
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What are the applicant's principal strengths?

What are the applicant's principal weaknesses/development needs?

How has the applicant demonstrated leadership ability or commitment to the community?
Please give a specific example.

Overall, I rate this scholarship applicant as follows:

Characteristic	Enthusiastically	Strongly	Fairly strongly	Without enthusiasm	Not recommended
For academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal distinction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional comments that would assist the Scholarship Committee in making a decision, please use the space below or attach an additional sheet of paper. Thank you again for your help!

Signature of Recommender: _____ Date: _____

Printed Name of Recommender: _____

Please return this form and any additional sheets by uploading it on vict eb.org or hand deliver or mail to:

V.I. Board of Career and Technical Education , ATTN: Scholarship

<p>St. Croix: P.O. Box 5166 Christiansted, VI 00823 Physical Address: #35 Castle Coakley, C'sted, VI 00820</p> <p>Phone: (340) 719-0031 Fax: (340) 719-0025</p>	<p>St. Thomas: 8000 Nisky Center, Suite 210 St. Thomas, VI 00802</p> <p>Phone: (340) 714-7437 Fax: (340) 714-7927</p>
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