



2017 OHIO SCHOLARSHIP EDUCATOR RECOMMENDATION COVER FORM
Submission Deadline: Wednesday, November 30, 2016

The Children's Defense Fund (CDF) Beat the Odds® Scholarship program honors, celebrates, and rewards outstanding high school seniors who have overcome tremendous adversity to achieve academic excellence, demonstrate leadership in their community, and aspire to attend college to continue their education.

Thank you for your willingness to provide a recommendation for a deserving high school senior for the CDF *Beat the Odds* Scholarship. **Every scholarship applicant must submit two letters of recommendation with their application.** (*Applicants may not submit letters of recommendation written by relatives or peers*)

- **Educator Recommendation-** *One recommendation must be from a teacher.*
The educator recommendation should speak to the student's academic record, the challenges he or she faced, and observations regarding the student's ability to cope with and manage adversity. Educators should make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.
- **Community Member Recommendation-** *The second recommendation may be from an educator, OR a mentor, school counselor, coach, clergy member, or employer.*
The additional recommender should know the student well and be able to speak to the student's work ethic, challenges, experiences and motivation to succeed. This recommendation should address how the student faced obstacles and adversity in his or her life, achieved success, participated in volunteer and community service activities, and demonstrated leadership. Additional insight into how the student qualifies for the CDF *Beat the Odds* scholarship can be offered, as it assists the selection committee in evaluating the student's application.

Scholarship Applicant: (to be completed by the student applicant)

Applicant's Name: _____
School: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Educator Recommender: (from this point forward, to be completed by the person providing the recommendation)

Name: _____
Address: _____
Day Phone: _____ Cell Phone: _____
Email: _____
Occupation: _____ Employer: _____
Relationship to Applicant: _____
Length of time you have known the applicant: _____

Attributes	Compared to peers, this student rates (1) Fair, (2) Solid, (3) High Performing, or (4) Extraordinary. Evaluate the student by circling the appropriate number 1 to 4				
Academic Motivation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Academic Potential	1	2	3	4	<input type="checkbox"/> No basis for judgment
Creativity	1	2	3	4	<input type="checkbox"/> No basis for judgment
Self-Discipline	1	2	3	4	<input type="checkbox"/> No basis for judgment
Leadership	1	2	3	4	<input type="checkbox"/> No basis for judgment
Initiative	1	2	3	4	<input type="checkbox"/> No basis for judgment
Reaction to Setbacks	1	2	3	4	<input type="checkbox"/> No basis for judgment
Analytical Ability	1	2	3	4	<input type="checkbox"/> No basis for judgment
Oral Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Classroom Participation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Independence	1	2	3	4	<input type="checkbox"/> No basis for judgment
Problem Solving	1	2	3	4	<input type="checkbox"/> No basis for judgment
Overall Impression	1	2	3	4	<input type="checkbox"/> No basis for judgment

In a general and overall comparison with similar students (age, grade, academic track), you would rank this student within the ___ top 10% ___ top 25% ___ top 50% ___ lower 50% of *that group* of students. *Note: this is not a class ranking.*

Narrative Section: *Please Use Additional Paper (1 - 2 pages in length, 12 pt font, 1-inch margins, single-spaced)*

As an educator, please describe the student’s academic record, the challenges he or she has faced, and observations regarding the student’s ability to cope with and manage adversity. Please make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education. Please discuss demonstrated leadership skills or potential and any additional personal achievements the student has attained.

Please return both this form and your narrative to the student (you may do so sealed if you wish) for inclusion in his/her application packet. Please **do not** use staples or two-sided copies. The applicant must include letters of recommendation from you and another individual, and the two recommendations may not be submitted separately.

Signature: _____ **Date:** _____



2017 OHIO SCHOLARSHIP COMMUNITY MEMBER RECOMMENDATION COVER FORM
Submission Deadline: Wednesday, November 30, 2016

The Children's Defense Fund (CDF) Beat the Odds® Scholarship program honors, celebrates, and rewards outstanding high school seniors who have overcome tremendous adversity to achieve academic excellence, demonstrate leadership in their community, and aspire to attend college to continue their education.

Thank you for your willingness to provide a recommendation for a deserving high school senior for the CDF *Beat the Odds* Scholarship. **Every scholarship applicant must submit two letters of recommendation with their application.** (*Applicants may not submit letters of recommendation written by relatives or peers*)

- **Educator Recommendation** - One recommendation **must** be from a teacher.
The educator recommendation should speak to the student's academic record, the challenges he or she faced, and observations regarding the student's ability to cope with and manage adversity. Educators should make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.
- **Community Member Recommendation**- The second recommendation **may** be from an educator, OR a mentor, school counselor, coach, clergy member, or employer.
The additional recommender should know the student well and be able to speak to the student's work ethic, challenges, experiences and motivation to succeed. This recommendation should address how the student faced obstacles and adversity in his or her life, achieved success, participated in volunteer and community service activities, and demonstrated leadership. Additional insight into how the student qualifies for the CDF *Beat the Odds* scholarship can be offered, as it assists the selection committee in evaluating the student's application.

Scholarship Applicant: (to be completed by the student applicant)

Applicant's Name: _____
School: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Community Member Recommender: (from this point forward, to be completed by the person providing the recommendation)

Name: _____
Address: _____
Day Phone: _____ Cell Phone: _____
Email: _____
Occupation: _____ Employer: _____
Relationship to Applicant: _____
Length of time you have known the applicant: _____

Attributes	Compared to peers, this student rates (1) Fair, (2) Solid, (3) High Performing, or (4) Extraordinary. Evaluate the student by circling the appropriate number 1 to 4				
Academic Motivation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Academic Potential	1	2	3	4	<input type="checkbox"/> No basis for judgment
Creativity	1	2	3	4	<input type="checkbox"/> No basis for judgment
Self-Discipline	1	2	3	4	<input type="checkbox"/> No basis for judgment
Leadership	1	2	3	4	<input type="checkbox"/> No basis for judgment
Initiative	1	2	3	4	<input type="checkbox"/> No basis for judgment
Reaction to Setbacks	1	2	3	4	<input type="checkbox"/> No basis for judgment
Analytical Ability	1	2	3	4	<input type="checkbox"/> No basis for judgment
Oral Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Classroom Participation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Independence	1	2	3	4	<input type="checkbox"/> No basis for judgment
Problem Solving	1	2	3	4	<input type="checkbox"/> No basis for judgment
Overall Impression	1	2	3	4	<input type="checkbox"/> No basis for judgment

In a general and overall comparison with similar students (age, grade, academic track), you would rank this student within the ___ top 10% ___ top 25% ___ top 50% ___ lower 50% of *that group* of students. *Note: this is not a class ranking.*

Narrative Section: Please Use Additional Paper (1 - 2 pages in length, 12 pt font, 1-inch margins, single-spaced)

Please describe the student's academic record, the challenges he or she has faced, and observations regarding the student's ability to cope with and manage adversity. Please make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education. Please discuss demonstrated leadership skills or potential and any additional personal achievements the student has attained.

Please return both this form and your narrative to the student (you may do so sealed if you wish) for inclusion in his/her application packet. Please **do not** use staples or two-sided copies. The applicant must include letters of recommendation from you and another individual, and the two recommendations may not be submitted separately.

Signature: _____ **Date:** _____