

AFTE SCHOLARSHIP APPLICATION

Letter of Recommendation Form - Part I To be completed by applicant

Applicant Name:

Applicant Email Address:

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

Name of Recommender:

- I waive my right to inspect the contents of this recommendation.
- I do not waive my right to inspect the contents of this recommendation.

Applicant Signature

Date

Signature Verification Box: By checking the box, I do swear or affirm that all my statements are true, accurate, and complete to the best of my knowledge. I also authorize the AFTE Scholarship Committee to investigate any statement made in this application

The applicant should complete Part I (above) and then email Parts I and II to the appropriate recommender. The recommender shall then complete Part II. The applicant should ask the recommender to email the completed form to AFTEScholarship@gmail.com during the application submission period (January 1 - April 1).

Components sent via email must be received by 11:59:59 PM - US Eastern Time [UTC-7] on April 1.

Questions? Contact:

Samantha Harter, AFTE Scholarship Committee Chair
c/o Onondaga County Center for Forensic Sciences
Fax: 315-435-5048
AFTEScholarship@gmail.com

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AFTE SCHOLARSHIP APPLICATION

Letter of Recommendation Form - Part II To be completed by recommender

Applicant Name:

Name of Recommender:

Please comment on the applicant's intellectual capability, motivation for seeking education, and likely tenacity in following through with the ascribed program (e.g., perseverance, work habits, organization). In addition, please comment on the applicant's professional attitudes and behaviors. Please use additional pages if needed.

Your overall assessment of the applicant as a competitor for a merit-based award:

- Highly recommend Recommend with reservation
 Recommend without reservation Do not recommend

Recommender Signature

Date

Signature Verification Box: By checking the box, I do swear or affirm that all my statements are true, accurate and complete to the best of my knowledge. I also authorize the AFTE Scholarship Committee to investigate any statement made in this application.

Institution:

Position:

Email Address:

Telephone:

Please complete and email Part I and II (between January 1 and April 1) to:
AFTEScholarship@gmail.com