

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

Applicant Name:

Applicant Email Address: _____ and /or phone number _____

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 email Parts I and II to the appropriate recommender to have that individual complete Part II. The applicant should ask the individual to email Parts I and II to AFTEScholarship@gmail.com during the application submission period (January 1 to April 1). Components sent via email must be received by 11:59:59 PM - US Eastern Time [UTC-7] on April 1.

Questions? Contact:

Robyn Ostby, AFTE Scholarship Committee Chair
West Valley City Police Department
Phone: (801) 963-3252
AFTEScholarship@gmail.com

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

Applicant Name:

Name of Recommender:

The Association of Firearm and Tool Mark Examiners will value your input in this application. We will hold your comments in confidence if the applicant has waived their inspection right.

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

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

	Superior	Very Good	Good	Poor	Unknown
Intellectual ability					
Ability to analyze a problem and formulate a solution					
Competence in applicant's general field					
Self-reliance					
Leadership					
Creativity/Innovation					
Motivation					
Self-discipline					
Cooperativeness					
Oral communication					
Written communication					
Initiative					
Reliability					

You can see that we are greatly interested in obtaining an accurate profile of the applicant's capability. We realize that check-off items sometimes do not provide you the opportunity to characterize the applicant as fully as you would like. **Please use the following page or an additional attachment for comments.**

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.

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