Trudy McAlister Scholarship Recommendation Form
(for faculty/other recommenders to complete)

Applicant's Name: _____

Student's College ID Number: _____

To the applicant : **This form and recommendation letters MAY NOT be submitted by the applying student.** Please give this form to your recommender who can comment on your qualifications for this scholarship. For the convenience of the person who makes the recommendation, you can print this and provide it to them along with an envelope and have it sent directly to us at:
AOM Scholarship Fund, Dr. Heather George, 8 River St. Westover, WV, 26501

Recommenders please mail Scholarship Recommendation Form and/or letter of recommendation together at the same time.
Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation; however, those who write and assess recommendations may attach more significance to those documents if they know their comments will remain confidential. You may choose the option to waive your right to access these recommendations. Please check the appropriate statement to indicate your choice, and then sign your name below.

___ I waive my right to review this recommendation.
___ I do not waive my right to review this recommendation.

Date: _____ Applicant's Signature: _____

RECOMMENDATION
(Please Print)

Name of Recommender, Faculty, or Other: _____

Title: _____ Institution/School: _____

Address: _____

City, State, Zip: _____

Phone number: (_____) _____ Email: _____

1. I have known the applicant for _____ year(s) and _____ months.

2. I know the applicant: ___ very well ____ fairly well ____ slightly

3. I know the applicant in the following capacity: _____

Please rate the applicant on the following with **5 being high and 1 being low:**

	5	**4**	**3**	**2**	**1**
Oral communication skills	___	___	___	___	___
Leadership ability	___	___	___	___	___
Academic ability	___	___	___	___	___
Written communication skills	___	___	___	___	___
Takes initiative	___	___	___	___	___

4. Indicate the strength of your overall endorsement of the applicant:
___ Highly recommend ___ Recommend ___ Recommend with some reservation

5. Please add additional information, which you believe is pertinent to the possible selection of this applicant receiving a Trudy McAlister Scholarship.
Please feel free to attach additional sheet(s) or a letter. <u>We strongly encourage this.</u>

_____
_____
_____
_____

_____ _____
Recommender's signature Date

PLEASE NOTE: Recommenders please mail the completed Recommendation Form and letter of recommendation together..

Thank you for completing this recommendation.
Please ensure that it is mailed to the address below well before the JANUARY 15th DEADLINE:

AOM Scholarship Fund
c/o Dr. Heather George
8 River Street
Westover, WV 26501

DEADLINE:
All application materials must be sent and postmarked by <u>January 15, 2026</u>
Recommendations not postmarked by this date will render student's application incomplete.

POSTMARK DATE:_____

RECEIVED: _____