

REFERENCE FORM for OADEP SCHOLARSHIP APPLICATION

(Return completed form or recommendation letter to info@oadep.org by March 29, 2024)

Applicant Name: _____

You may waive your right to see recommendations for this application. Please indicate below by checking the appropriate statement and signing your name whether you wish to waive this right. (References may use or attach a letter of recommendation in place of completing this form.)

- I waive my right to access to this recommendation form/letter.
- I do not waive my right to access to this recommendation form/letter.

What do you consider to be the applicant’s major strengths? _____

Please provide one area where the applicant needs further development: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Do you believe this applicant is a strong candidate for graduate studies? If no, please explain.

What other sources of graduate school funding is available for teachers from their school district?

I **strongly recommend** this applicant:

I **recommend** this applicant:

I believe this applicant’s qualifications are **marginal, but has potential**:

I **do not recommend** this applicant:

Print Name & Title: _____

Signature: _____ Date: _____

Employer: _____

Telephone Number: _____ Email: _____