



CHAMBERLIN LOANS – FUNDS FOR EDUCATION

American Association of University Women

Buffalo Branch

PO BOX 397 AMHERST NY 14226-0397

RECOMMENDATION

Name of Applicant: _____

School: _____

Social Security Number: _____

Name of Recommender: _____

TO THE APPLICANT: Please enter your name, school and Social Security number above. Give one of these forms along with a stamped and addressed envelope to each of three individuals you have asked to provide a recommendation as part of your application.

OPTIONAL WAIVER OF RIGHTS:

I hereby waive my right to have access to this Recommendation Form when completed and understand that this confidential recommendation is used only in consideration of my application.

Applicant's Name

Date

TO THE RECOMMENDER:

Thank you for your assistance. Your assessment of the applicant named above will greatly assist the Selection Committee in its decision. Your time in furnishing this information is appreciated.

After completing this form, please send it before June 1 / December 1 to:

Attention Chair
Chamberlin Loan Fund
P.O. Box 397
Amherst, New York 14226-0397

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

2. What do you consider the applicant's talents or strengths?

3. How well do you think the applicant will perform in her / his chosen field?

4. Do you see the applicant as a good risk for an interest free loan?
 Definitely _____ Probably _____ Possibly _____ No _____
5. Using the chart below, please give us your appraisal of the applicant relative to others you known in a similar capacity.

	Excellent	Good	Average	Below Average	Not Observed
GENERAL					
• Motivation					
• Maturity					
• Intellectual Ability					
• Creativity & Imagination					
• Self-Confidence					
CHARACTER					
• Integrity					
• Persistence					
• Ability to work with others					
• Energy Level					
• Dependability					
• Honesty					

6. Please feel free to comment on the ratings that you have assigned in #5 and make an additional statement about the applicant's record, potential, or personal qualities which you believe would be helpful to the Selection Committee.

Signature _____ Date _____

Name _____ Title _____

(Type or Print)

Name of School or Organization _____

Address _____

Telephone Number (____) ____ - _____ Ext (____)