

COUNSELOR/TEACHER/PROFESSOR RECOMMENDATION

Return no later than February 16

TWO TEN FOOTWEAR FOUNDATION • 1466 Main Street • Waltham, MA 02451 • 1-800-FIND-210 • www.twoten.org

TO BE COMPLETED BY APPLICANT: (please type or print clearly)

Applicant's Full Name _____

Applicant's Permanent Address _____

City _____ State _____ Zip _____

RELEASE I hereby grant permission to my school to release my official grade transcript to the Two Ten Footwear Foundation Scholarship Selection Committee along with the information requested on this form.

Applicant's Signature _____ Date _____

If under 18, parent or legal guardian's signature _____ Date _____

After you have filled out the above, give this form and a postage-paid envelope addressed to the Two Ten Scholarship Department to your school counselor/teacher.

Two Ten Scholarship Program processing does not begin until our receipt of this completed form and an official transcript of grades.

TO BE COMPLETED BY A COUNSELOR/TEACHER/PROFESSOR:

I. Letter of Recommendation: Please tell us what you believe we should know about the applicant, touching upon any special talents (arts, athletics, academic organizations, craftsmanship, etc.) or qualities of leadership. Evidence of student perseverance, consideration for others, or a positive response to setbacks would be valuable to our committee. Please write the Letter of Recommendation on your school letterhead. Thank you for helping us and your student.

II. My assessment of this candidate's qualifications:

	Not Recommended	Fair	Good	Excellent	One of the Very Top Students I Have Encountered
For Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In comparison to other students in the class, I judge this student's academic program to be:

Somewhat Demanding	Demanding	Most Demanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of person completing this report _____

Please print name _____

Title _____

School Name _____

Office/School Phone Number () _____

Number of years you have known the applicant _____ Date _____

All communication (both written and oral) to the Two Ten Footwear Foundation Scholarship Program Staff and Selection Committee will be kept confidential.