



SCHOLARS OF HOPE SCHOLARSHIP

Confidential recommendation form

(To be completed by a Teacher, Counselor, CAP Advisor) or Community Leader

Student Name _____

1. What are the first words that come to mind when describing this student?

2. What qualities about this student set him/her apart from other students?

3. What is his/her reputation for initiative and integrity?

4. How does this student demonstrate a strong work ethic?

5. What do you see as this student's main strength?

6. How does this student deal with challenges?

7. Please give an example of this student's good citizenship, motivation, enthusiasm, etc.

Based on the factors listed, would you recommend this student for a scholarship?

Yes _____ No _____

Signed _____ Date _____

Print Name _____ Title _____

NOTE: Please complete and email to pinnacleofhope@gmail.com or mail to: Pinnacle of Hope
Attn: Education Committee | 19821 NW 2nd Ave #242, Miami Gardens, FL 33169.