



Alpha Phi Alpha Fraternity, Inc. Omicron Alpha Lambda Chapter



Scholarship Application

ENCLOSURE I

TEACHER'S RECOMMENDATION

Student's Name: _____

Teacher's Name: _____

Phone: _____

Please complete the following information about the above named student who is applying for the Walter P. Richardson Scholarship.

Category	Top 5%	Top 15%	Average	Below Average	No Basis for Judgment
1. Academic Ability					
2. Initiative					
3. Ability to work independently					
4. Ability to work with others					
5. Self-Confidence					
6. Originality and Creativity					
7. Leadership					
8. Respect of classmates					
9. Respect of faculty					
10. Other (Specify)					

How long have you known the Applicant? _____

Applicant's greatest strengths/Comments _____

Recommendation:

Strongly Recommend _____ Recommend _____ Not Recommended _____

Recommender's Signature _____ Date _____

School _____

Telephone _____