



# Alpha Phi Alpha Fraternity, Inc. Omicron Alpha Lambda Chapter



## Scholarship Application

### ENCLOSURE II

### COUNCELOR'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 \_\_\_\_\_