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Kloepfer Family Foundation Inc. Scholarship Program

Teacher Recommendation Form

Please type or print using black ink. **This recommendation form must be returned to the school guidance counselor or appropriate school official or mailed to the Kloepfer Family Foundation Inc. Scholarship Program office by December 31, 2019.**

STUDENT INFORMATION (To be completed by the applicant)

Name _____
Last First Middle Preferred

School Name _____

I waive my right to see this letter of recommendation and understand that it will be used only by the Kloepfer Family Foundation Inc. Scholarship Program in consideration of student applications for participation.

Signature of Applicant Date

Signature of Parent/Guardian Date

STUDENT RECOMMENDATION (To be completed by a teacher or other school official)

Thank you for taking the time to complete this recommendation form on behalf of an applicant to the Kloepfer Family Foundation Inc. Scholarship Program. The Kloepfer Family Foundation Inc. Scholarship Program serves first generation college-bound and college students who have demonstrated the potential to succeed but who might encounter economic, cultural, or institutional impediments to their completion of four-year college degrees. The Program's mission is to provide these students with support services and scholarship resources that empower them to complete a baccalaureate degree at the University of Kentucky. In recognition of the potential obstacles facing these students, the program identifies Scholars in the fifth grade. This approach recognizes the importance of academic support, social mentoring, and college preparation throughout middle and high school.

Compared to students with whom you have worked throughout your entire career, please rate this student using the criteria below by checking the appropriate box.

	Outstanding	Good	Satisfactory	Fair	Poor	Unable to Judge
Attendance						
Classroom participation						
Timely completion of assignments						
Overall academic ability						
Dependability/responsibility						
Honesty/integrity						
Respect and acceptance of others						
Prediction of future success						
Overall evaluation						

Please complete and sign the back of this form.



Please use the space below to make comments regarding this applicant's motivation, academic potential, and need for the Kloefer Family Foundation Inc. Scholarship Program. The selection committee appreciates any information that will be helpful in making its decision.

Name of person completing this recommendation form _____

Title/Position at School _____ Work Phone _____

Signature _____ Date _____

Please mail your completed Kloefer Family Foundation Inc. Scholarship Program Student Application to:
Kloefer Family Foundation Inc. Scholarship Program
P.O. Box 1737
Hazard, KY 41702a 1737

Recommendations must be postmarked by **December 31, 2019**.

If you have questions regarding the recommendation process, please call the Kloefer Family Foundation Inc. Scholarship Program at 606-216-2463.