

# Academic Reference

2024 Trustees' Scholarship Application



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Applicant's name

Phone (     )

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## Instructions for the Applicant

Complete the information above and the waiver section below. Give this form to an appropriate person who is familiar with your academic abilities or potential for productive scholarship; a teacher from an academic core course is preferred.

## Instructions for the Instructor

The person whose name appears above has applied for the Trustees' Scholarship at Azusa Pacific University for fall 2024. This full-tuition scholarship recognizes scholars who have consistently demonstrated high academic achievement. We would greatly appreciate your candid appraisal of the applicant.

As required by the Family Educational Rights and Privacy Act of 1974, a student may either elect to waive or retain the privilege of viewing this reference form. If the student has not waived that right in the section below, you should consider this form to be nonconfidential.

Please complete the reverse side of this form; item four should be addressed on your school's/organization's letterhead.

Upon completion of your reference, please place the form in an envelope, seal it, and return it to the applicant, or submit electronically to [trusteescholarship@apu.edu](mailto:trusteescholarship@apu.edu). Please know that the applicant must return the application with references by **November 15, 2023**.

## Waiver Section

To the applicant: You may either waive or retain your rights to inspect your reference letter and/or form. Please indicate your preference below.

I understand that this reference concerning me is to be received and maintained in confidence by Azusa Pacific University and will be used to evaluate my eligibility for the Trustees' Scholarship. I hereby expressly waive any and all rights I might have to this document under the Family Educational Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter and/or form, the right to have a copy made for my use, and the right to request an amendment of this letter and/or form.

### *Check one of the following statements:*

I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter and/or form of reference in my file at Azusa Pacific University.

I do not waive this right. Rather, I wish to retain the right to view this letter and/or form in my file at Azusa Pacific University.

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Applicant's signature

Date

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant?                      Very well              Well              Casually
3. In what capacity have you known the applicant? \_\_\_\_\_
4. On your school's/organization's letterhead, please answer the following question:  
     What are the applicant's primary strengths and weaknesses? If possible, describe instances or accomplishments that demonstrate them.
5. Please assess, by a check mark, the applicant relative to other students whom you have known in a similar capacity.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Unable to judge*</i>
Ability to organize					
Ability to work with others					
Academic preparation/knowledge					
Creativity/originality/resourcefulness					
Effectiveness in oral communication					
Effectiveness in written communication					
Emotional maturity					
Independence of thought					
Intellectual ability					
Judgment					
Motivation/initiative					
Perseverance					
Potential for chosen major/career					

*\*If unable to judge, please clarify:* \_\_\_\_\_

6. What is your overall recommendation?  
     Strongly recommend  
     Recommend  
     Recommend with some reservation (*please explain*): \_\_\_\_\_  
     Do not recommend (*please explain*): \_\_\_\_\_

Evaluator's name (*please print*) \_\_\_\_\_

Position/title \_\_\_\_\_

School/organization \_\_\_\_\_

Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:**  
 Upon completion of this evaluation, please place form in a sealed envelope and **return it to the student for mailing, or submit it electronically to [trusteescholarship@apu.edu](mailto:trusteescholarship@apu.edu)**. Thank you.