



## COMMUNITY MEMBER RECOMMENDATION FORM

**Submission Deadline: ~~GYW~~bX Friday ~~1b~~ December**

### Submission Instructions

- Before beginning this Recommendation Form, please SAVE A COPY to your desktop and work from that saved version.
- When ready to submit, do a final save, then click the "SUBMIT" button at the bottom of the form.
- A pop up box will appear asking how you wish to send the form, using "Default email application" (like Outlook) or "Use Webmail" (like Yahoo, Gmail, Hotmail, etc.) Please select one and continue.
- If the form fails to send automatically, you will need to manually open your email program and attach a copy of your completed form to an email addressed to: [texasbto@childrensdefense.org](mailto:texasbto@childrensdefense.org).
- **D'YUgY** clearly note the applicant's full name ~~1b`h Y`Ya UJ`gi V`VW`h`1bY`Z`Z`f~~ example.
  - Subject: FIRST LAST - BTO COMMUNITY REC

### Helpful Information

- This Community Member Recommendation Form must not be completed by the applicant's relatives or peers.
- The recommender must be a mentor, employer, clergy member, guidance counselor, educator, or coach who knows the student's situation very well.
- Recommendations must be completed using a computer and submitted electronically. Handwritten or scanned forms cannot be considered.
- The submission deadline is the **~~GYW~~bX Friday in December**. Recommendations submitted past this date cannot be considered.
- Be sure to save a final completed version of your form before clicking "SUBMIT".
- The CDF *Beat the Odds* scholarship recognizes extraordinary high school seniors who have overcome tremendous adversity in life, achieved academic excellence, and demonstrated community service. To learn more about the CDF *Beat the Odds* program, please visit: [www.cdf-texas.org/beattheodds/](http://www.cdf-texas.org/beattheodds/).

### Inquiries

- Contact: Children's Defense Fund-Texas
- Phone: 713.664.4080
- Email: [texasbto@childrensdefense.org](mailto:texasbto@childrensdefense.org)

**Part I – May Be Completed By The Applicant**

**Scholarship Applicant**

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_  
First name Last name Home or cell  
School Name \_\_\_\_\_ Email \_\_\_\_\_

**Part II – To Be Completed By The Recommender**

**Recommender**

Recommender's Name \_\_\_\_\_  
Ms/Mr/Dr First name Middle name Last name  
Title/Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street number and name City State Zip code  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Work Cell

**Knowledge of the Applicant**

What is your relationship to the applicant? \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_  
How well do you feel you know the applicant? Casually Well Very well

**Character Ratings**

Please mark the number that best describes the character of the applicant on a scale of 0 to 4, where 0 = no basis for judgment, 1 = below average, 2 = average, 3 = good, and 4 = excellent. Mark only one number for each item.

	No basis for judgment	Below average	Average	Good	Excellent
Emotional maturity	0	1	2	3	4
Respectful of others	0	1	2	3	4
Concern for the well-being of others	0	1	2	3	4
Ability to work in groups	0	1	2	3	4
Leadership	0	1	2	3	4
Honesty and integrity	0	1	2	3	4
Self-confidence	0	1	2	3	4
Initiative	0	1	2	3	4
Goal-oriented	0	1	2	3	4
Adaptability/ flexibility	0	1	2	3	4
Tenacity/ perseverance	0	1	2	3	4

### Recommender's Knowledge of the Children's Defense Fund *Beat the Odds* Scholarship

If you are not familiar with the eligibility criteria for the Children's Defense Fund *Beat the Odds* scholarship, we encourage you to please visit [www.cdf-texas.org/beattheodds/](http://www.cdf-texas.org/beattheodds/) before you complete the rest of this form.

### Narrative Section

*\*\*The response must be typed & fill the space provided. Please elaborate to fill all available space.*

Please explain how the student has overcome the challenges in his or her life. Please describe the student's volunteer activities, community service, and/or leadership experiences. Any additional personal achievements the student has attained may be provided and helps the review committee to evaluate this candidate.

### Summary and Signature

Please indicate your overall recommendation for the applicant. Check only one box.

Recommend with reservations     Recommend     Recommend with confidence     Recommend enthusiastically

\_\_\_\_\_  
Recommender Signature (type your full name)

\_\_\_\_\_  
Date (mm/dd/yyyy)

*Thank you for your willingness to provide a recommendation for a deserving high school senior for the CDF *Beat the Odds* scholarship.*

**THIS RECOMMENDATION FORM MUST BE SUBMITTED ELECTRONICALLY**