



HOUSTON SCHOLARSHIP

EDUCATOR RECOMMENDATION FORM

Submission Deadline: ~~GYW~~bX Friday]b 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 your "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 your completed form to an email addressed to: texasbto@childrensdefense.org.
- **D`YUgY`WYUF`mbchY`the applicant's full name in the `Ya UJ`gi V`YWh`]bYžfof example.**
 - Subject: FIRST LAST - BTO EDUCATOR REC

Helpful Information

- This Educator Recommendation Form must not be completed by the applicant's family members, relatives, or peers.
- The recommender must be a teacher (past or present) who knows the student well and can speak to his/her academic performance, challenges he/she has faced, and any observations regarding the student's ability to cope with and manage adversity. Educators should describe any situations where the student showed significant effort, excellence or improvement despite challenges inside or outside of school.
- 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]b 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/.

Inquiries

- Contact: Children's Defense Fund-Texas
- Phone: 713.664.4080
- Email: 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 _____

School Name _____

School 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

Academic Ratings

Please mark the number that best describes the applicant's academic performance 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
Academic curiosity	0	1	2	3	4
Academic goal setting	0	1	2	3	4
Academic self-confidence	0	1	2	3	4
Academic potential	0	1	2	3	4
Initiative/ independence	0	1	2	3	4
Critical thinking	0	1	2	3	4
Adaptability to challenges	0	1	2	3	4
Creativity	0	1	2	3	4
Leadership	0	1	2	3	4
Ability to work in groups	0	1	2	3	4
Oral communication	0	1	2	3	4
Written communication	0	1	2	3	4
Dedication/ effort/ drive	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 specific eligibility criteria for the Children’s Defense Fund *Beat the Odds* scholarship, we encourage you to please visit www.cdf-texas.org/beattheodds/ before you complete the rest of this form.

Narrative Section

***The response must be typed and is limited to the space provided. Please elaborate to fill all available space.*

Please describe the student’s academic performance, the challenges he or she has faced, observations regarding the student’s ability to cope with and manage adversity. Please mention situations where the student has shown significant effort or improvement or has consistently excelled despite challenges to his or her education.

Summary and Signature

Please indicate your overall recommendation for this 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