

TEACHER RECOMMENDATION FORM AND LETTER
Pacific and Asian Affairs Council (PAAC) Academic Scholarship Program
Recommendation form and letter must be received by PAAC by April 3, 2019

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

Name of applicant: _____ Grade: _____

School : _____ Scholarship applying for: _____

THIS SECTION IS TO BE COMPLETED BY THE RECOMMENDER:

Your input is a valuable part of the selection process. We are interested in this student's involvement in PAAC activities/classes, and/or any other ways in which he/she has demonstrated a commitment to international affairs. Comments on the character, integrity, and motivation of this student are also very important. The experience which your opinion is based upon should be described.

Please attach your letter of recommendation to this document.

How long have you known this student? _____

In what capacity? _____

How would you evaluate this student in the following areas?

	Exceptional	Very good	Above average	Average	Below average
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of person completing this recommendation: _____

Position or title: _____

May we contact you if we have further questions regarding this applicant? ___ Yes ___ No

Telephone: _____ Email: _____

Signature

Date

Please send this form and your letter to PAAC so it arrives by April 3:
EMAIL: hs@paachawaii.org
MAIL: 1601 East-West Road, 4th Floor, Honolulu, Hawai'i 96848-1601
Please call Jason Shon at (808) 944-7759 with any questions.