



## SCHOLARS OF HOPE SCHOLARSHIP

Confidential recommendation form

(To be completed by a Teacher, Counselor, CAP Advisor) or Community Leader

Student Name \_\_\_\_\_

1. What are the first words that come to mind when describing this student?

\_\_\_\_\_

2. What qualities about this student set him/her apart from other students?

\_\_\_\_\_

\_\_\_\_\_

3. What is his/her reputation for initiative and integrity?

\_\_\_\_\_

\_\_\_\_\_

4. How does this student demonstrate a strong work ethic?

\_\_\_\_\_

\_\_\_\_\_

5. What do you see as this student's main strength?

\_\_\_\_\_

\_\_\_\_\_

6. How does this student deal with challenges?

\_\_\_\_\_

\_\_\_\_\_

7. Please give an example of this student's good citizenship, motivation, enthusiasm, etc.

\_\_\_\_\_

\_\_\_\_\_

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Based on the factors listed, would you recommend this student for a scholarship?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

NOTE: Please complete and email to [pinnacleofhope@gmail.com](mailto:pinnacleofhope@gmail.com) or mail to: Pinnacle of Hope  
Attn: Education Committee | 19801 NW 2<sup>nd</sup> Ave #242, Miami Gardens, FL 33169.