

Millie Brother Scholarship for Children of Deaf Adults

Letter of Recommendation

TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science or social studies). Please have the teacher put this form and the letter of recommendation in a sealed envelope with his/her signature over the seal. You can include the sealed letter in your mailed application package, or your teacher can mail it separately in a stamped and pre-addressed envelope that you've given them.

A Tip: Some teachers find it useful to read your application materials before writing you a letter of recommendation. We encourage you to give your teacher a copy of your application and your essay.

Name _____ DOB: _____
Last/Family/Sur First/Given/Middle Jr., etc mm/dd/yyyy

Address _____
Number & Street Apt# City/Town State Country zip code

School you now attend _____

Yes, I do waive my right to access this letter of recommendation, and I understand that I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do *not waive* my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf.

Signature _____ Date _____

TO THE TEACHER

The Millie Brother Scholarship for Hearing Children of Deaf Adults considers an applicant's current academic achievement and his/her ability to succeed in higher education, whether at a technical college, a community college, or at a four-year undergraduate institution. Importantly, we consider how the applicant's experience with Deaf parents has impacted his/her personal and academic experience. You can find more information about our organization on our website (www.coda-international.org). Please contact us at coda.scholarship@gmail.com if you have any questions.

The Millie Brother Scholarship Committee finds candid evaluations of applicants helpful in choosing from among highly qualified candidates.

Please return this form along with any additional letter to the applicant in a **sealed envelope with your signature across the seal**. Please submit your reference promptly. The application deadline is **the first Friday in April**.

Teacher's name (Mr./Ms./Dr., etc.) _____ Subject taught _____
Please print or type

Signature _____ Date _____
Mm/dd/yyyy

Teacher's phone (____) _____ Teacher's email _____

Background information

How long have you known this student and in what context?

What are the first words that come to mind to describe this student?

List the courses you have taught this student, noting for each the student's year in school and the level of course difficulty.

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Ratings Compared to other students in his or her class year, how do you rate this student on the following characteristics? (Check one rating for each characteristic.)

No basis	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the few I've encountered (top 1%)
<input type="checkbox"/> Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intellectual promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Quality of writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Creative original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Productive class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Initiative, independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OVERALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation

Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated inside and outside of your classroom. The scholarship committee also considers non-academic factors in an applicant's life, including financial need and whether the applicant is the first in his/her family to attend college. If you feel able, please comment on any personal characteristics of the applicant that you feel the scholarship committee should consider, in particular we appreciate your observations on how the applicant's experience with his/her deaf parent(s) has affected the applicant's academic performance. We welcome information that will help us to differentiate this student from other applicants. (Feel free to attach an additional sheet.)