## Alpha Kappa Alpha Sorority, Incorporated® Alpha Zeta Omega Chapter

2023 Scholarship Application

## STUDENT RECOMMENDATION FORM-1

Student Full Name						
High School						
I freely and voluntari recommendation, and					ntained in this	
Student Signature		_ Date				
TO BE COMPLETE	D BY COUNSE	ELOR/TEACH	IER			
	Outstanding	Above Average	Average	Below Average	Not Observed	
Analytical Skills						
Classroom Discussion						
Creative Thinking						
Growth Potential						
Initiative						
Intellectual Skills						
Written Expression						
Overall Recommendation						
How long have you kn	own the student	t, and in what o	capacity?			
Please tell us about th promise, motivation, a him/her from others.	naturity, integri	ty and other q	ualities that wil	l help us differ	ellectual entiate	
Counselor/Teacher Si	gnature			Date		
Title				Date		
Telephone						

## Alpha Kappa Alpha Gorority, Incorporated® Alpha Zeta Omega Chapter

2023 Scholarship Application

## STUDENT RECOMMENDATION FORM-2

Student Full Name						
High School						
I freely and voluntari recommendation, and					ntained in this	
Student Signature		_ Date				
TO BE COMPLETE	D BY COUNSE	LOR/TEACH	HER			
	Outstanding	Above Average	Average	Below Average	Not Observed	
Analytical Skills						
Classroom Discussion						
Creative Thinking						
Growth Potential						
Initiative						
Intellectual Skills						
Written Expression						
Overall Recommendation						
How long have you kn	own the student	, and in what	capacity?			
Please tell us about the promise, motivation, rhim/her from others.	naturity, integri	ty and other qu	ualities that wil	l help us differe		
Counselor/Teacher Sig	gnature			Date		
Title						
Telephone	elephoneEmail					