



RECOMMENDATION: IOIA ORGANIC COMMUNITY INITIATIVE SCHOLARSHIP

NAME OF APPLICANT _____ YEAR OF AWARD _____
Name of Reference _____
Address of Reference _____
Province/State _____ Country _____ Postal Code/Zip _____
Phone No _____ Fax _____ E-mail _____

- The person whose name appears as Applicant is applying for the IOIA Organic Community Initiative Scholarship.
• The scholarship would provide full tuition, meals and lodging to an IOIA-sponsored organic inspector training.
• IOIA would appreciate your frank assessment of the applicant.

If you need further explanation, please contact Margaret Scoles, IOIA Executive Director, phone/fax: (406) 436-2031 Email: ioia@ioia.net.

Thank you for your assessment of the Applicant.

In addition, please attach a signed letter in order to further explain your recommendation for the applicant.

Please return form, and your signed letter, by October 1 to: IOIA, P.O. Box 6, Broadus, MT, USA 59317.

1. How long have you known the Applicant and in what connection?
2. What do you consider to be the Applicant's talents and strengths?
3. What do you consider to be the Applicant's areas needing improvement?
4. Please assess the Applicant's integrity.



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5. Please assess the Applicant’s commitment to organic agriculture/industry. _____

6. Please, honestly and objectively assess Applicant’s abilities.
Check excellent, good, average, poor or no information.

Please fill in the table completely – blank spaces adversely affect the applicants’ final scoring.

Ability	Excellent	Good	Average	Poor	No Info
Intellectual	<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"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Are you aware of any considerations regarding financial need of the applicant for the scholarship?
 Yes No. Comments _____

Signature of Reference _____ Date _____
(required)