



RECOMMENDATION: IOIA ANDREW RUTHERFORD 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 Rutherford Scholarship.
- The scholarship provides full tuition, meals and lodging to an IOIA-sponsored organic inspector training.
- IOIA appreciates 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 letter of support in order to further explain your recommendation for the applicant.**
- Please return **this signed, completed 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 _____

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4. Please assess the Applicant's integrity _____

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 out this table completely - blanks adversely affect the overall scoring for the applicant:

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"/>
Observation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening 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"/>
Analytical	<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 _____

Please Note: Reference signature is required.