

**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 us at: scholarship@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
scholarship@ioia.net
* You may also return hardcopies to:
**IOIA , Box 6, Broadus, MT 59317 USA attn: Scholarship**
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
5. Please assess the Applicant’s commitment to organic agriculture/industry

1. 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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Self Confidence | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Observation Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Listening Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Imagination/creativity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Analytical | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Writing Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Verbal Skills | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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.**