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 us at: [scholarship@ioia.net](mailto:scholarship@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, **or via email**, [scholarship@ioia.net](mailto:scholarship@ioia.net)

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.

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 |  |  |  |  |  |
| Self Confidence |  |  |  |  |  |
| Leadership Skills |  |  |  |  |  |
| Organizational Skills |  |  |  |  |  |
| Imagination/creativity |  |  |  |  |  |
| Facilitation Skills |  |  |  |  |  |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(required)**