



Director Scholarship Referral Form

The Program Director or TRIO staff member will complete one referral form per student who would like to be considered for any scholarships. See page two for the complete checklist of packet contents.

Director's name:

Institution:

Program:

Student name:

Please check the scholarship(s) this student will be considered for:

<input type="checkbox"/>	IN TRIO Board Of Directors Full Time (max. 3 nominations per program)
<input type="checkbox"/>	IN TRIO Board Of Directors Part Time (max. 3 nominations per program)
<input type="checkbox"/>	Cheryl Berry Memorial Scholarship (max. 3 nominations per program)
<input type="checkbox"/>	IN TRIO Pre-College (max. 3 nominations per program)
<input type="checkbox"/>	IN TRIO Study Abroad (max. 3 nominations per program)
<input type="checkbox"/>	IN TRIO Textbook (max. 3 nominations per program)

Please rate the student on the following and provide a short narrative or example(s) to support your rating.

A. Student's commitment to excellence in carrying out the ideals of TRIO.

(5) Very Strong (4) Strong (3) Average (2) Below Average (1) Weak

Supporting statements/examples

B. Abilities, potential, and character of the applicant:

(5) Very Strong (4) Strong (3) Average (2) Below Average (1) Weak

Supporting statements/examples (next page)

C. TRIO student's leadership skills & abilities:

(5) Very Strong (4) Strong (3) Average (2) Below Average (1) Weak

Supporting statements/examples

D. An indication of educational and/or financial barriers student has experienced or overcome:

(5) Very Strong (4) Strong (3) Average (2) Below Average (1) Weak

Supporting statements/examples

Completed packet checklist

- One completed Director's Referral Form per student.
- Student completed scholarship form for all scholarships student is applying for.
- Student essay - no more than 2 pages double spaced.
- Applicant's unofficial college transcript, high school transcript or GED scores.

If Pre-college also include

- Current high school schedule.
- Letter of acceptance to the college or university they choose to attend Fall 2019.

I affirm the information provided by me and contained within this Scholarship Referral Form is correct and accurate. I understand that any misrepresentation on this form will disqualify the student from consideration for an Indiana TRIO Scholarship. My signature below certifies my voluntary submission of this form.

Signature _____ Date _____

Program Director should complete and e-mail the completed application packet as **one** large PDF document to Anita Watson (anita.watson@pfw.edu) by March 29th, 2019.