



RECOMMENDATION FORM

TO THE TEACHER, COUNSELOR, OR EMPLOYER:

This applicant has applied for the SOULE Foundation Scholarship for LGBTQ/SGL Youth of Color. The Scholarship Committee finds candid evaluations helpful in choosing among highly qualified candidates and therefore asks your help in appraising the applicant. Thank you for your time and professional judgment.

Name of Applicant: _____

TO BE COMPLETED BY TEACHER, COUNSELOR, OR EMPLOYER

How familiar are you with the SOULE Foundation? Very Somewhat Not at all How long have you known the applicant? _____

Note any capacity in which you have known the applicant outside the classroom or workplace. (For example, family friend, etc.)

List the courses in which you have taught the applicant, noting for each course the applicant's year in school (for example, 11, 12), the level of the course difficulty (AP, elective), and the applicant's grade, or describe the nature of your relationship to the applicant.

Appraisal of intellectual capabilities:

Appraisal of Leadership:

R E C O M M E N D A T I O N F O R M

Appraisal of commitment to LGBTQ/SGL issues:

Any additional information:

Signature _____ Date _____

Name (print) _____

Teaching Department _____

School _____

School Address _____

Telephone Number _____ E-mail Address _____

or

Title _____

Company or Business _____

Business Address _____

Telephone Number _____ E-mail Address _____

**Please email your completed
recommendations or mail the form to:
The SOULE Foundation
c/o Elijah Li
106 W 32nd Street
New York, NY 10001**