



San Fernando Valley Chapter of
The Ninety-Nines, Inc.
International Organization of Women Pilots

**2018 CAREER SCHOLARSHIP
LETTER OF RECOMMENDATION FORM**
(Please type or print in black ink)

NAME OF APPLICANT _____

The above applicant is applying for our Aviation Career Scholarship. We would appreciate your spending a moment to complete this form and return it to us at the following address:

SFV 99s Career Scholarships
P. O. Box 7142
Van Nuys, CA 91409-7142

This Recommendation Form **MUST** be postmarked by May 1, 2018 in order for the applicant to be eligible for consideration.

1. How long have you known this applicant, and in what capacity?

2. Would applicant utilize this scholarship successfully, if awarded?

3. For each of the characteristics listed below, please show your evaluation of the applicant by recording a letter grade (A through F, with C being average).

_____ Dependability	_____ Initiative
_____ Ability to Set Goals	_____ Ability to Accept Authority
_____ Ability to Realize Goals	_____ Relationship with Peers

4. On the back of this form or on a separate sheet of paper, please give us your opinion as to why he or she should be considered as a candidate for the career scholarship. Please note: we consider your opinion an important part of the selection process. Please do not hesitate to call us with any questions.

YOUR NAME _____ PHONE _____