



# ADAM JOHNSON MEMORIAL SCHOLARSHIP

## ***SECOND CHANCE SCHOLARSHIP RECOMMENDATION FORM***

**APPLICANT:** Two recommendation forms must be submitted. One **MUST** be from a professional (i.e. instructor, academic counselor or employer). Please make no attachments to this form.

**Recommendation must be sent, by the person making the recommendation only, to:**  
Teddy Johnson • 19 Larchmont Drive • Huntington, WV 25705

APPLICANT'S NAME

	No basis for judgment	Below Average	Average	Excellent
Motivation, energy & initiative				
Originality				
Self-confidence				
Warmth of personality				
Sense of humor				
Concern for others				
Ability to react positively to setbacks				
Respected by peers &/or co-workers				



# **SECOND CHANCE SCHOLARSHIP RECOMMENDATION FORM** (page 2)

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**APPLICANT NAME:** \_\_\_\_\_

*In the space below, please provide a statement regarding how this applicant has exceeded your expectations as a student and /or employee. Please share your knowledge of the student's adversity they have or are overcoming.*

**SUBMITTED BY:**

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Relationship to applicant:** \_\_\_\_\_

**School or business name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*A written statement is necessary for the recommendation form to be considered by the committee.*

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