



NCRF A TO Z[®] INTRO TO STENO MACHINE SCHOLARSHIP RECOMMENDATION FORM

The National Court Reporters Foundation is pleased to announce that nominations are being solicited for the NCRF A to Z[®] Scholarship. Students who have completed an NCRA A to Z[®] Intro to Steno Machine Shorthand program and are enrolled in a court reporting program are encouraged to apply for consideration of one of 15 \$750 scholarship awards.

Must be received or postmarked on or before September 30.

The recommendation must be from a faculty member or academic advisor.

This Recommendation Form must be submitted; a letter in its place will not be accepted and the scholarship application will be considered incomplete.

Section A: To be completed by applicant

NAME OF STUDENT

ADDRESS

CITY

STATE

ZIP

STUDENT PHONE

STUDENT EMAIL ADDRESS

LIST COURT REPORTING PROGRAM

In accordance with the Family Educational Rights and Privacy Act of 1974, you can waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation only by written request with signature.

☐ Yes, I hereby waive my right of access to this recommendation. _____
STUDENT SIGNATURE DATE

☐ No, I do not waive my right of access to this recommendation. _____
STUDENT SIGNATURE DATE

Section B: To be filled out by the recommender

1. How long have you known this student and in what context?

2. What are the first two words that come to your mind to describe this student?

3. List the course(s) you have taught this student. (ex. SH200)

4. Please rate this student using the following

CRITERIA	Exceptional	Exceeds Expectation	Meets Expectation	Below Expectation	Not Applicable
Academic achievement					
Initiative					
Motivation					
Leadership					
Disciplined work habits					
Intellectual ability (promise)					
Self-confidence					
Dedication					

5. Overall recommendation

☐ I recommend the applicant without reservation.

☐ I recommend the applicant with reservations. *(Please explain below.)*

☐ I do not recommend the applicant for this scholarship.

RECOMMENDER'S NAME

SIGNATURE

DATE

INSTITUTION/ORGANIZATION NAME

TITLE

PHONE

EMAIL ADDRESS

Return the completed Recommendation Form:

This Recommendation Form should be returned by the person making the recommendation. Please email the document and send questions to the Education Department at atozprog@ncra.org. **Must be received or postmarked on or before September 30.**

This recommendation will remain confidential during the review process and will be destroyed after the award and acceptance of the scholarships. For more information, visit the [NCRF A to Z® Scholarship site](#).