

**LETTER OF
RECOMMENDATION FROM
HIGH SCHOOL**

**TO BE COMPLETED BY THE
HIGH SCHOOL**



Dear Principal or Staff Member:

This student is an applicant for a scholarship awarded by the Ohio Association of Public School Employees. As an aid in the selection process, it is necessary that the District OAPSE Scholarship committee receive information regarding the student's character, ability, and performance in this High School Report. This report **MUST BE COMPLETED AND RETURNED POSTMARKED NO LATER THAN MARCH 1.**

1. Name of Student: _____
2. Name of School: _____
Address: _____ Ohio Zip _____
Phone Number of school: (____) _____
3. Name of Principal: _____
4. **High School - Please attach the following items to this application**
 - A. An official copy of the Student's High School Transcript, including the 1st semester of 12th grade with grades.
 - B. Class ranking, if not available please give an explanation why.
 - C. An explanation of the Grading System used.
 - D. Submit the results of either SAT or ACT.
 - E. Two letters of recommendation, ONE must be from a school employee (total of two).

Send information to: **OAPSE NORTHEAST DISTRICT SCHOLARSHIP CHAIRPERSON**

Attention: Sharyn Ficyk
6495 Gale Drive
Seven Hills OH 44131

Email to:
sharyn.ficyk415@gmail.com

Evaluation Form

Teacher and Community Member

Dear Teacher/Community Member,

_____ has applied for a Ohio Public School Employee Scholarship.
Would you please rate him/her accordingly?

QUALITIES

	Average	Good	Outstanding	Dependable
1. Attitude	1.			
2. Attendance	2.			
3. Initiative	3.			
4. Character	4.			
5. Leadership	5.			
6. Citizenship	6.			
7. Work Habits	7.			
	8.			

How long have you known the applicant? _____

Comments:

Name Printed _____

Signature _____

Please email this to: Sharyn Ficyk sharyn.ficyk415@gmail.com