

Shea Scholarship Recommendation & Waiver Form

The individual identified below is applying for a Shea Scholarship from the School of Education at Southern Connecticut State University. This requires a recommendation from an individual who can describe the qualities that will make the individual an outstanding student teacher or education professional.

The Shea Scholarship Committee relies heavily on the insights gained from recommendations. Recommendations need to address the questions below and may include other relevant information.

Please mail recommendation along with this Recommendation and Waiver Form to:
Shea Scholarship Committee
School of Education, DA 103
Southern Connecticut State University
501 Crescent Street
New Haven, CT 06515

Applicant Name (printed): _____

I hereby waive my right of access under the Family Education Rights and Privacy Act of 1974 to specific and composite letters of recommendation:

Applicant's Signature: _____ Date: _____

Recommender's Name (printed)

Recommender's Signature

Recommender's Address

City

State/Zip Code

Phone

Title/Position

Please answer the following questions in your recommendation

1. How long and in what capacity have you known the applicant?
2. What specific qualities and skills does this candidate possess that demonstrate his or her capacity to become an excellent teacher or education professional? Please include specific examples or instances in which you observed the individual displaying these qualities and skills.