



# THE INTERNATIONAL SCHOOL OF CURAÇAO SCHOLARSHIP PROGRAM

## Educator/Counselor Recommendation Form (To be used in lieu of a letter of recommendation)

Referee: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Recommended candidate: \_\_\_\_\_  
(Last Name) (First Name)

School: \_\_\_\_\_

How long have you known this applicant? In what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you rate this candidate with respect to the following qualities, compared to other students of comparable age and experience you have known in the last five years?

	Average	Good	Exceptional
Motivation and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence and self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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What makes this student a candidate for The International School of Curaçao's Scholarship?  
In particular, give the committee examples of how this student strives for excellence in everything  
he/she does. Feel free to add additional sheets to this form.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

School or organization: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please send this form, together with the student application form and supporting documents, to:



The International School of Curaçao  
Scholarship Program  
Fax: +5999-737-3142  
Koninginnelaan z/n, Emmastad  
Curaçao