

**RECOMMENDATION for JOEY ROBISON SCHOLARSHIP FOR NON-TRADITIONAL STUDENTS**  
**ALTRUSA INTERNATIONAL OF ST. AUGUSTINE, INC.**

<b>RECOMMENDATION FOR</b>		
FULL NAME _____		
LAST	FIRST	MIDDLE
The applicant, by signing in the space below, waives her/his right to read the recommendation you are being asked to write.		
_____ Signature of Applicant		_____ Date

Joey Robison Scholarships are presented to students who: are residents of St. Johns County, plan to remain in the area, are non-traditional students (**out of high school for six or more years**) seeking to upgrade work skills by achieving an undergraduate degree, and who have serious financial need. You are being asked to complete this reference form because you are a professional with knowledge of the applicant's academic grades and are familiar with the applicant's academic ability and commitment to finishing a degree.

**Please rank the candidate on the following characteristics:**

	Excellent	Good	Average	Poor
General Academic Ability				
Perseverance				
Oral Expression				
Written Expression				
Initiative				
Reliability				
Problem Solving				

How likely is this applicant to complete a degree program? (Explain) \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity have you known the applicant?

\_\_\_\_\_

Comments:

\_\_\_\_\_  
Please Print Name and Address of Person Making Recommendation

\_\_\_\_\_  
Signature of Person Making Recommendation

\_\_\_\_\_  
Professional Position of Person Making Recommendation

Please return the completed recommendation to: Altrusa International of St. Augustine, Inc.; Scholarship Committee; P.O. Box 3372; St. Augustine, FL 32085. The recommendation must be received no later than January 9, 2026