

**FOUNDATION FOR APPLIED TECHNICAL EDUCATION, INC.**  
**Teacher, Counselor, and/or Employer Recommendation Form for Student Scholarship**

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**PLEASE CHECK APPROPRIATE BOX BELOW:**

Signatures required.

Teacher     Counselor     Employer

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

Relation to student: \_\_\_\_\_

**STUDENT INFORMATION :**

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

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

**Please provide detailed information below on why you would recommend this student:**

This form can be found at [www.fatefacts.org](http://www.fatefacts.org) by selecting Scholarship Recommendation Form.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_