



CHESAPEAKE 
ASSP CHAPTER

Chesapeake Chapter ASSP Scholarship Program Coordinator/Faculty Advisor Form

Program Coordinator/Faculty Advisor Name: _____

Title: _____ Institution: _____

Department: _____

Institution Address: _____

Daytime Phone Number: _____ Cell Phone: _____

Email: _____

I acknowledge that (applicant name): _____ meets the eligibility
criteria for the Chesapeake Chapter ASSP scholarship.

Attach a Letter of Recommendation: Indicate candidate's strong points and why you feel he/she should be
considered for this scholarship.

Signature: _____ Date: _____

Please include the letter of recommendation on College/University letterhead with candidate's application
or the recommendation can be sent electronically to scholarships@chesapeakeassp.org

chesapeake.assp.org