

GUIDANCE COUNSELOR OR MATH/SCIENCE TEACHER RECOMMENDATION FORM

Part I of this form is to be completed by the student applicant. **Forward this form to your high school counselor or teacher for completion of Part II.**

PART I (to be completed by the Applicant)

Applicants Name _____
(Last) (First) (Middle)

Address _____
(Number & Street)

(City) (State) (Zip)

Telephone Number _____
(Area Code)

PART II (to be completed by the Counselor/Teacher)

The student listed above has applied for a scholarship sponsored by the ASHE East Penn Section. As a part of the evaluation of the student's qualifications the student's high school guidance counselor or a Math/Science Teacher is requested to complete Part II of this form and return it directly to ASHE. These comments are an important consideration in the scholarship competition; please use additional sheets as required.

All information contained on this form will be considered confidential by ASHE.

Counselor/Teacher Name _____

High School _____

Telephone Number _____
(Area Code)

Email Address _____

1. How long have you known the applicant? From _____ To _____

2. What is the applicant's class standing? (Please Check the most appropriate)

Top 5% ____ Top 10% ____ Top 20% ____ Top 30% ____ Top 50% ____ Other _____

AMERICAN SOCIETY OF HIGHWAY ENGINEERS - EAST PENN SECTION
2025 SCHOLARSHIP APPLICATION

3. Are you aware of the applicant's involvement in any extracurricular activities? _____ (Yes /No)
If yes, please comment _____

4. Do you know of anything reflecting adversely on the integrity and general good character of the applicant? _____
5. Please comment on the applicant's character and reputation _____

6. In what regard is the applicant held by his/her Instructors? _____

7. In what regard is the applicant held by his/her fellow students? _____

8. Are you aware of any special financial difficulties being experienced by the applicant which should be considered by the scholarship committee? _____ (Yes/No) If yes, please comment:

COUNSELOR/TEACHER

SIGNATURE: _____ DATE: _____

The completed Recommendation Form must be emailed/postmarked by **April 4, 2025** to be considered for the Scholarship Award. Email or mail this form directly to the ASHE Scholarship Committee at the following address:

Mr. David Rostron, P.E.
ASHE Scholarship Committee
PennDOT Engineering District 5-0
1002 Hamilton Street
Allentown, Pennsylvania 18101

Email: drostron@pa.gov
Please include "ASHE 2025
Scholarship" in the subject line