

FATA Scholarship Recommendation Form

This form will be utilized in lieu of a letter or email to recommend an applicant to the FATA Scholarship Award. Your responses will be kept confidential.

* Required

1. Your Full Name *

2. Your Phone Number *

3. Your Email *

4. Name of Applicant *

5. Relationship to Applicant

6. Length of time you have known the applicant:

7. How strongly do you recommend this applicant overall?

Mark only one oval.

- Strongly Recommend
 Recommend
 Only Somewhat Recommend
 Do Not Recommend

8. To what degree does the Applicant demonstrate knowledge of and adherence to the AATA's ethics code?

Mark only one oval.

- 1 2 3 4 5
-
- Poorly Strongly

9. To what degree does the Applicant demonstrate multicultural competence?

Mark only one oval.

	1	2	3	4	5	
Poorly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly

10. To what degree does the Applicant demonstrate clinical knowledge and application of clinical skills in treatment?

Mark only one oval.

	1	2	3	4	5	
Poorly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly

11. Does the Applicant actively participate in the promotion and further development of the field of art therapy?

Check all that apply.

Yes

No

Other: _____

12. What sets apart this Applicant and makes them deserving of the Scholarship?

13. Signature: by typing your full name here, you are signing this application.

Thank you for your support of the Applicant!
From the FATA Scholarship Committee

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