



*Dear Teacher/Guidance Counselor:  
The child who gave you this form has applied for a scholarship to one of our programs. We do our best with limited funds to include as many children as possible.  
Your candid evaluation will be of great help as we make the decision. When we consider scholarships, we look at **need** and **motivation/attitude**. Please include any comments that you believe would be useful to us.  
Thank you so much for your help!*

**If you have questions, please contact:** (573) 449-4536 or [trysps@me.com](mailto:trysps@me.com)

**You may fax the form to:** (573) 449-4548

**You may mail the form to:** TRYPS • 2300 Bernadette, #918 • Columbia, MO 65203

Student's Name:

School:

Name of person filling out this form:

Relationship to child:

How long have you known this child?

If we have questions, may we contact you?

Phone:

Email:

Is this child on Free/Reduced Lunch?      YES • NO

**On a scale of 1-5 (five being the highest), please rank this child's:**

1. Attitude	1	2	3	4	5
2. Personal Discipline	1	2	3	4	5
3. Level of Maturity	1	2	3	4	5
4. Work Habits	1	2	3	4	5
5. Ability to Focus	1	2	3	4	5
6. Ability to Follow Directions	1	2	3	4	5

**7. In your opinion, do you think this child would benefit from a scholarship to one of our camps, classes, or productions? Why? (You may attach an additional page if needed.)**

**8. Considering our criteria, is there anything you can tell us that would help us when considering whether or not to award a scholarship to this child?**

**9. In your opinion, based on your experience with this child, do you feel that this child deserves a scholarship?**

**10. If this child receives a scholarship, do you believe that she/he will be willing to work hard and be actively involved in the camp, class, or production?**

**11. On the following scale, what level of recommendation would you give this child?**

- 5 – Excellent, no reservation whatsoever
- 4 – Very good, no reservations
- 3 – Some reservations (please specify below)
- 2 – Many reservations (please specify below)
- 1 – I would not recommend this child. (please specify below)

*Recommendation information remains confidential.*

*It is not shared with the scholarship candidate or her/his family.*

**TRYPS Children's Theater • Columbia Mall • 2300 Bernadette, #918 • Columbia, MO 65203  
(573) 449-4536 • FAX (573) 449-4548 • [trysps@me.com](mailto:trysps@me.com) • <http://tryspskids.com/>**