



World Tang Soo Do Foundation Region 8 Scholarship

Chairperson
 Mr. Scott Summers
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 Collegeville, PA 19426
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Instructor Recommendation

Your student has requested to be considered for the Region 8 Scholarship Award. All applicants must submit a recommendation from their Instructor. Please complete this page and answer the following questions **on a separate** piece of paper and return them to the student for inclusion in their application packet. Place your recommendation in a sealed envelope with the applicant's name on the front of the envelope and your signature along the seal in the back.

Applicant's Name			
Instructor's Name			
Studio Name			
Studio Address			
Student's Rank		Student's Gup/Dan #	
How long has this student been enrolled in your WTSDA martial arts program?			
Has this student actively trained at your studio during the previous year when they were not away at school? (average 2 classes per week)			

On a separate piece of paper please answer each of the questions below. Be sure to clearly indicate which question you are answering.

1. Please describe this student's participation in your studio's classes. Include a brief discussion of their attendance, motivation and willingness to help others.
2. Please describe this student's participation in your studio's activities outside of training in class. Include their involvement with teaching, demonstrations, Gup tests and special classes outside the studio.
3. Please describe this student's participation in WTSDA events outside your studio. Include their involvement with tournaments, clinics, Black Belt tests, Gup tests at other studios, and special assignments from the Regional Director, Headquarters or the Grandmaster.
4. Please describe this student's leadership qualities. If possible, please provide specific examples of their leadership.
5. Please make any additional comments you would like to offer the scholarship committee regarding this student's consideration for the Scholarship Award.

I certify by my signature that the above/attached information is true and correct.

Instructor _____ Rank _____ Date _____

****Note: It is strongly recommended that you type your responses to ensure that the review committee can clearly read your answers.**