



Professional Recommendation Form

Instructions: Thank you for providing feedback to support this applicant's grant application. Please fill out this form and return it to the applicant. You may type or hand write your responses. The applicant is responsible for uploading this document into their application as a supporting document. Applications without this document will not be considered. **Please respond to all questions in this document.**

Name of Applicant (First and Last)	
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Information Release Agreement

By asking this Recommender to provide feedback, the named applicant provides consent for the Recommender to share their knowledge and information about the applicant to authorized WISP representatives.

Confidentiality Agreement

This confidentiality agreement allows the professional, named below, to share essential information about the applicant with authorized WISP representatives in support of the Doris Buffett Independence Scholar Grant application. Any information shared will be given discretion and respect.

The applicant gives permission to the individual named below to supply information requested by WISP pertaining to me or my family, should follow-up question(s) arise. The applicant releases the Recommender, their organization, and WISP of any and all liability for sharing such information. This release shall be in effect until the applicant states, in writing, that it is no longer valid.

Name of Recommender (First and Last)	
Title of Recommender	
Agency/Organization Name	
Agency/Organization Address (Street, City, State, Zip)	
E-mail Address	
Phone Number	



Question 1: I certify that this applicant is a survivor of intimate partner abuse. Intimate partner abuse is defined as an abusive relationship within the context of a romantic partnership, such as within a marriage, domestic partnership, or dating context. (choose one)

- ☐ Yes
- ☐ No
- ☐ I do not know

Question 2: I certify that this applicant is no longer involved in an abusive relationship.

Definition: the parties are no longer involved in a romantic partnership and are no longer/not cohabitating. (choose one)

- ☐ They are no longer in a relationship with their abusive partner
- ☐ They remain in a relationship with their abusive partner
- ☐ I do not know

Question 3: Choose the option that best fits your occupation.

- | | |
|--|---|
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Religious Leader |
| <input type="checkbox"/> Counselor/Therapist/Social Worker | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Housing Coordinator | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Attorney | |

Question 4: What is your impression of the applicant? What stands out to you most about them and how long have you known them?



Question 5: Speak to your knowledge of the applicant's motivation, capability and commitment to attending school. Do they have the stability and resources necessary to succeed in school?

Question 6: What are the applicant's greatest needs? Describe any known support systems that may help meet these needs.

Question 7: Is there anything additional you think is important to share?

Signature: _____

Date: _____

e-Signatures are permitted

Questions? Contact us!

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