



**SMOKY MOUNTAIN CHAPTER**  
Association for  
Talent Development

## Scholarship Recommendation Form

ATD Smoky Mountain Chapter established the ATD Smoky Mountain Scholarship Program to encourage and support professional development and continuing education in the field of talent development.

Thank you for providing a recommendation for the below scholarship candidate.

**Completed forms should be emailed to [students@atdsmokymountain.org](mailto:students@atdsmokymountain.org).**

Scholarship Candidate's Name:

Scholarship Candidate's Study Program:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Describe your relationship to the scholarship candidate: \_\_\_\_\_

Comments on the candidate's qualities/credentials

**Achievements/Successes**

Comments: \_\_\_\_\_

**Experience/Skills**

Comments: \_\_\_\_\_

**Professionalism**

Comments: \_\_\_\_\_

**Learning Attitude**

Comments: \_\_\_\_\_

Describe how the study program will be helpful to the candidate's future aspirations, particularly related to the field of talent development. \_\_\_\_\_

Additional comments in support of the candidate's application for an ATD Smoky Mountain Chapter Scholarship. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date