

Recommendation Form

FOR STUDENT TO COMPLETE

To the applicant: Please complete the top section of this Recommendation Form, copy this form (front and back) and provide one copy to each individual from whom you are requesting a recommendation. Limited to 4 recommendations per student.

Full Legal Name _____

Last
First
Middle

Present Address _____

Number and Street
City
State
Zip Code
County

Home Phone _____ High School Name: _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation or decline to do so. Please mark the appropriate box below and sign your name.

- I **waive** my right to review this recommendation.
 I **do not waive** my right to review this recommendation.

Applicant's Signature _____ Date _____

To the person providing the recommendation: Please complete this recommendation and mail the form to address shown at the bottom of the next page. **REFERENCE SHOULD NOT BE A FAMILY MEMBER. REFERENCES ARE ENCOURAGED TO EXPAND ON EXCEPTIONAL OR WEAK RATINGS IN THE SPACE PROVIDED.**

I have known the applicant for _____ years in my capacity as _____

1. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

	No Basis for Judgment	Weak	Below Average	Average	Above Average	Exceptional
A) Organization skills	0	1 2	3 4	5 6	7 8	9 10
B) Dependability and reliability	0	1 2	3 4	5 6	7 8	9 10
C) Motivation for post-secondary education	0	1 2	3 4	5 6	7 8	9 10
D) Intellectual ability for post-secondary education	0	1 2	3 4	5 6	7 8	9 10
E) Breadth of general knowledge	0	1 2	3 4	5 6	7 8	9 10
F) Ability to analyze and apply ideas	0	1 2	3 4	5 6	7 8	9 10
G) Ethical standards and integrity	0	1 2	3 4	5 6	7 8	9 10
H) Oral English expression skills	0	1 2	3 4	5 6	7 8	9 10
I) Written English expression skills	0	1 2	3 4	5 6	7 8	9 10
J) People skills	0	1 2	3 4	5 6	7 8	9 10
K) Overall, I expect the applicant's post-secondary education work to be:	0	1 2	3 4	5 6	7 8	9 10

2. Using only space provided on the back of this sheet, please provide a brief, meaningful statement in support of this student's talents and abilities which make him/her uniquely qualified and deserving of this scholarship. Be sure to include academic or extra curricular impressions as well as any obstacles academically, emotionally or financially which may prevent or hamper their ability to obtain a college education. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success in college?

Respondent's Signature _____ Date _____ Telephone Number _____

Type or Print Name _____ Title or Position _____

Institution or Affiliation _____ Address _____

Recommendation Form (page 2)

(No attachments, please.)

Brief Statement of Support

Please send this completed Recommendation Form to the Parke County Community Foundation Inc., 115 N. Market Street,
PO Box 276, Rockville, IN 47872 to arrive no later than January 22, 2010.