

RECOMMENDATION FORM

Applicant: Complete the top portion of this page and give it to a recommender who knows you well. As a courtesy, please provide your recommender with a stamped envelope addressed as indicated below.

Name of scholarship (this form may be used for multiple scholarships): _____

Name: _____ Student ID: _____ Deadline: _____
 Name of the person completing this recommendation form: _____
 Please explain your relationship to this person: _____

OPTIONAL WAIVER OF RIGHT OF ACCESS

The Family Educational and Privacy Act of 1974, as amended, allows a candidate for admission, employment or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the name of all persons making such recommendations on his or her behalf. The City Colleges of Chicago does not require that you make such a waiver as a condition for admission or award of a scholarship. However, you have the option of signing such a waiver as below in the event that your recommender requires that you waive access to the recommendation.

I hereby waive my right of access to this recommendation form and any appropriate attachments which have been written by the above named person on behalf of my City Colleges scholarship application.

Applicant's signature: _____

Date: _____

Recommender: Thank you for agreeing to submit a recommendation in support of this scholarship applicant. Your comments will not be disclosed to the applicant (if the above optional waiver has been signed), will be available only to those involved in the scholarship decision process, and will be destroyed when no longer needed for scholarship decision purposes. Please use this form to provide an evaluation of this applicant (use additional pages, if needed). Complete both pages of the form and sign it. Thank you very much for taking the time to provide this critical input!

Name: _____ **Position:** _____
Phone: _____ - _____ - _____ **Email:** _____
How long and in what capacity have you known the applicant? _____

What three or four words would you use to describe the applicant? _____

Please rate the applicant in each of the following areas:

	One of the Best I've Ever Seen	Excellent	Above Average	Average	Below Average	Not Able to Rate
Potential for college success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity (scholastic or artistic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment and follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Applicant's name: _____

What are the applicant's principal strengths? _____

What are the applicant's principal weaknesses/development needs? _____

How has the applicant demonstrated leadership ability or commitment to the community? Please give a specific example. _____

Overall, I rate this scholarship applicant as follows:

	Enthusiastically	Strongly	Fairly strongly	Without enthusiasm	Not recommended
For academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal distinction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have additional comments that would assist the Scholarship Review Committee in making a decision, please use the space below or attach an additional sheet of paper. Thank you again for your help!

Signature of recommender

Date

Printed name of recommender

Please return this form and any additional sheets to: Office of Development, ATTN: Scholarships, City Colleges of Chicago, 226 West Jackson Boulevard, 10th Floor, Chicago, IL 60606-6998.