

Letter of Recommendation

To be completed by the applicant

Applicant's Name

Proposed Scholarship

Reference's Name

Title/Occupation

Reference's Address

Phone

Email

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific statements and letters of evaluation.

I hereby waive my right of access to this document and authorize the above reference to provide a candid evaluation and all relevant information to Community Foundation Sonoma County.

Signature

Date

To the person completing the recommendation form:

We would appreciate your opinion of the person named above who is applying to Community Foundation Sonoma County's Scholarship Program. Please complete this form and return it **with your written statement** using the space provided below.

Complete this form and return it by March 5, 2012 directly to:

Community Foundation Sonoma County
Attn: Grants Manager
250 D St., Suite 205
Santa Rosa, CA 95404

BE SURE TO SEAL THE ENVELOPE AND SIGN YOUR NAME ACROSS THE SEAL.

	Superior	Above Average	Average	Below Average	Cannot Assess
Intellectual Ability					
Verbal Communication Skills					
Written Communication Skills					
Emotional Maturity					
Passion and commitment to stated discipline					
Involvement in local and world community					

I strongly recommend recommend with reservations do not recommend

_____ for this scholarship.
Name of Applicant

To Recommender: Please use this space for your written recommendation of this applicant. Please include in the recommendation the length of time you have been acquainted with the applicant, as well as your personal impressions of the applicant's intellectual capacity and promise of productive scholarship. If appropriate, please elaborate on any of the qualities listed in the grid above, and feel free to include additional comments you feel would be of value to us in awarding the scholarship. Please sign and date your recommendation.

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Signature	Date
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Position/Title	Work Phone