



# Letter of Recommendation

To be completed by the applicant

Applicant's Name \_\_\_\_\_

Proposed Scholarship \_\_\_\_\_

Reference's Name \_\_\_\_\_ Title/Occu \_\_\_\_\_ pation \_\_\_\_\_

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 mail or hand deliver by 5:00pm on March 2, 2013 directly to:

**Scholarship Sonoma County**  
**Attn: Lisa Carreno**  
**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.

Signature		Date
Position/Title	Work	Phone