



DIABLO VISTA SCHOLARSHIP FOUNDATION

Scholarship Recommendation

TO THE STUDENT: Complete the student name and contact information. Submit recommendation forms for two recommenders to complete. We require recommendations as follows: two recommendations from faculty members, or one from a faculty member and one from a community member who is a non-related individual familiar with your academic ability, community service experience, and leadership qualities. The recommendations must be returned with your application packet.

STUDENT'S NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip

TO THE RECOMMENDER: This student is applying for a scholarship and needs support information. It is essential that we have a fair and candid evaluation of the student's ability and character. While completing this form, please take into consideration the student's performance and general attitude toward education. **Return the completed recommendation to the student.**

Print Name Department

Organization Job Title

1. How long have you known the applicant? _____

2. Under what circumstances have you known the applicant? _____

3. How do you perceive the applicant's academic potential? _____

4. What are the applicant's personal strengths and limitations? _____

5. Please evaluate the applicant in the following areas that best describe him/her:

Dependability _____

Initiative _____

Leadership _____

Character _____

6. Additional Comments (School activities, community involvement, employment reliability, initiative):

STRONGLY RECOMMEND
 RECOMMENDED

RECOMMEND WITH SOME RESERVATIONS
 NOT RECOMMENDED

SIGNATURE

DATE