



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