



University of the West Scholarship Recommendation Form

To the Applicant:

Complete the *Applicant's Information* section below and provide this *Recommendation Form* to your recommender for completion. Recommendations should be requested from a direct supervisor, or community leader, or academic advisor/teacher that is able to comment on your qualifications for award of scholarship. Enter the application deadline on the second page. Deliver this form directly to your recommender, along with an envelope addressed to the **Financial Aid Office, University of the West, 1409 N. Walnut Grove Ave. Rosemead, CA 91770, U.S.A.**

Applicant's Information:

Name: _____
Last or Family Name First Middle

Address: _____ Degree sought: _____

E-mail address: _____ Major field of study: _____

Applicant's Waiver of Right to Access:

The Family Education Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written on his or her behalf if the recommendation is used solely for the purposes 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 university does not require that you make such a waiver as a condition for admission or award of scholarship. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right to access this recommendation and any appropriate attachments which have been written by _____ (insert name of recommender) on behalf of my application to the University of the West for award of a scholarship. This waiver is effective insofar as the recommendation is used solely for the purposes of award of scholarship, if applicable.

Printed Name: _____ Date: _____ Signature: _____

To the Recommender:

The applicant named above has applied for a scholarship from University of the West. Please complete and sign this *Recommendation Form*, seal the envelope, sign over the seal, and return it either to the applicant or to the address as indicated above before the **application deadline of** _____. We are particularly interested in your assessment of the applicant's leadership experience, community service involvement and personal integrity. Academic achievement is also considered an essential qualification. If you do not know this applicant well, please feel free to say so.

Recommender's Name: _____ Title/Position: _____

Institution/Organization: _____

Address: _____

Phone: _____ E-mail: _____

What is your relationship with the applicant? Employer/Supervisor Academic Advisor Other _____

Do you know the applicant well enough to give him/her a recommendation? Yes No

(If you checked NO, you do not need to complete the rest of this form.)

University of the West Scholarship Recommendation Form (cont'd)

Please rate the student on the following items:

	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few (top 1%)
1. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Initiative, Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. OVERALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative evaluation: Please write below whatever you think is important about this applicant, including the applicant's leadership experience, community service involvement and personal integrity, as demonstrated in your association with him or her. We welcome information that will help us differentiate this applicant from others. (Feel free to attach an additional sheet or another recommendation you may have prepared on behalf of this applicant.)

Recommender, please sign below:

Signature _____

Date _____