Scholarship/Grant Recommendation Form

To the writer of this reference (must not be a relative):

The individual above has applied for an Ellsworth Community College grant or scholarship. Your statements in response to the questions asked on this form will assist the College in determining the applicant’s qualifications for the scholarship. Please return this form by March 1 to the address above. Applications received after the March 1 deadline may be considered pending availability of funds.

1. How long have you known the applicant and in what capacity?

2. How has the applicant demonstrated leadership in group activities?

To the applicant:

Complete your name, address, and intended area of study below. Then give this to your reference with a pre-stamped envelope addressed to:

Ellsworth Scholarships
Student Services Office
1100 College Avenue
Iowa Falls, Iowa 50126-1199

Name of applicant _____________________________________________________________

Last          First           MI

Address _____________________________________________________________

Intended area of study _____________________________________________________________
3. What do you consider the applicant’s main strengths?

On a scale of one to eight, please rate this applicant:

<table>
<thead>
<tr>
<th>Character and personal promise</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Disciplined work habits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dependability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

4. What is your opinion of the applicant’s lifestyle, values, circle of friends, attitude?

5. How does the applicant relate with those outside his or her peer group (younger, older, disadvantaged, those in authority, etc.)?

6. Do you place full confidence in the applicant’s integrity and honesty?

7. Overall recommendation:  ☐ Poor  ☐ Fair  ☐ Good  ☐ Excellent

Additional Comments:

Name ________________________________  Home Phone __ __ __ - __ __ __ - __ __ __ __
Address ________________________________
Employer ________________________________  Position ________________________________

Signature

Date  September 2014