ORANGE COAST COLLEGE
08/09 Recommendation for Scholarship
This form <u>does not</u> need to be typed

To the Student:
Please fill in your name & OCC ID number below. Give this form to the person who will be completing this recommendation. The recommender may return the form to you, or return the form to the OCC Scholarship Office.

Student Name _____ **OCC ID** _____
First **Last**

To the Recommender:
Please complete the section directly below. You may return this form to the student, or forward to the OCC Scholarship Office in the Administration Building. If you are off-campus, please mail to:
OCC Scholarships, PO Box 5005 Costa Mesa, CA 92628-5005

How long have you known the applicant? _____ In what capacity? _____

In general, how does the applicant rank compared to other people in similar circumstances?

This person is in the	top 2%	top 10%	top 25%	top 50%	bottom 50%	Unable to judge
Working to capacity	☐	☐	☐	☐	☐	☐
Academic ability	☐	☐	☐	☐	☐	☐
Emotional maturity	☐	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐	☐
Reliability	☐	☐	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐	☐	☐
Overall promise	☐	☐	☐	☐	☐	☐

Please add additional comments below, or attach an additional sheet. <u>PLEASE DO NOT WRITE ON THE BACK SIDE</u>

PRINT NAME: _____ Title: _____

Signature: _____ Date: _____

<u>This completed recommendation may be shared with the student</u>

Please help this students chances of receiving scholarships by returning this form to the OCC Scholarship Office in the Administration Building – <u>DUE DATE: Friday, February 27, 2009 at 5:00 p.m.</u>