Sophomore Scholarship/Grant Recommendation Form

To the Applicant:

Complete your name, address, and intended area of study below. Give this form to your reference to complete. Your reference should return the completed form to: Ellsworth Community College
Financial Aid Office
1100 College Avenue
Iowa Falls, IA 50126

Name of Applicant ___________________________ First _______ Middle _______

Address ___________________________ City _______ State _______ Zip Code _______

Intended area of study ___________________________

To the Writer of this Reference: The individual above has applied for an Ellsworth scholarship. Your statement, 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 to the address listed above.

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

2. How has the applicant demonstrated leadership in group activities on campus?
3. What do you consider the chief qualities of strengths of the applicant?

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

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

6. Overall recommendation: □ Poor □ Fair □ Good □ Excellent

Name ________________________________ Home Phone _____ - _____ - _______

Address ________________________________

Employer ________________________________ Position __________________________

____________________________________
Signature

____________________________________
Date

December 2016