



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 _____
Last First Middle

Address _____
PO Box/Street 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 or strengths of the applicant?

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

	Poor		Fair		Good		Excellent	
Character and personal promise	1	2	3	4	5	6	7	8
Motivation	1	2	3	4	5	6	7	8
Disciplined work habits	1	2	3	4	5	6	7	8
Dependability	1	2	3	4	5	6	7	8

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

