



SCHOLARSHIP APPLICATION EVALUATION SHEET

The mission of the Oxnard College Foundation is to provide support for campus development, scholarships, educational programs, and other College needs in order to promote the progressive and continuing advancement of Oxnard College, to further educational excellence, and to enable the College to serve as an exemplary multi-cultural community resource.

THIS FORM IS IN LIEU OF A RECOMMENDATION LETTER. PLEASE COMPLETE ELECTRONICALLY OR PRINT THE FORM AND WRITE LEGIBLY IN BLACK OR BLUE INK. THANK YOU.

EVALUATOR NAME: _____ **Relationship to Student:** _____

STUDENT NAME: _____
(Last) *(First)* *(Middle Initial)*

1. How many months have you known the student? _____

If faculty, please state subject(s): _____

2. Considering the student's study and work habits, interests and goals, to what extent do you believe this student will succeed in the pursuit of a college degree?

3. Please describe the student's participation in the classroom, community service and/or volunteer activities in your course, if applicable.

4. Where would you expect to see this student in five (5) years?

Additional comments:

(Evaluator Signature)

(Evaluator Title)

(Date)

Student's Name:

ADDITIONAL PAGE (if needed)

Question #2 (continued):

Question #3 (continued):

Question #4 (continued):

Additional Comments (continued):