



QUICK AND EASY SCHOLARSHIP RECOMMENDATION FORM

THIS FORM MUST BE COMPLETED BY OXNARD COLLEGE FACULTY OR STAFF (IF YOU ARE CURRENTLY ENROLLED AT OXNARD COLLEGE) OR BY A FACULTY MEMBER AT YOUR CURRENT SCHOOL IF YOU WILL BE NEW TO OXNARD COLLEGE IN FALL 2020. THANK YOU.

STUDENT NAME:

(Last)

(First)

(Middle Initial)

1. How long have you known the applicant? _____

2. On what do you base your recommendation of the applicant? *(Please check all that apply)*

Personal acquaintance

School records

Reports of instructors

Other

Explain:

3. Please give your personal appraisal of the applicant:

	<u>Outstanding</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please comment on any exceptional scholastic abilities and/or other accomplishments exhibited by the student:

(Evaluator Signature)

(Evaluator Title)

(Date)

(Please Print Name)

School/College

PLEASE RETURN COMPLETED FORM TO THE STUDENT.
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL (805) 678-5889.