2018-2019 Southern Oregon Latino Scholarship Fund

Part IV: Scholarship Recommendation Form

Applicant Recommendation Directions:

1. Applicant should select a teacher, administrator, coach, counselor, employer or other professional who can best respond to the prompts on this recommendation form.

Last name of applicant: Check box to rate scholarshi			t Name:		
Descriptors:	Superior	Good	Adequate	Weak	Unable to rate
Ability to work with othe	rs				
Leadership					
Seriousness of purpose					
Initiative					
Persistence					
Creativity					
Academic Performance					
Bilingual Skills					
Communication Skills					
Indicate the number of years (On the back of this form, or would like to share about the	by attaching an a	additional le		any other co	omment that
Signature of person making recom	mendation	Printed name (please print legibly!)	Date
		Printed name (Date
	mendation Name of work place	Printed name (Street add		Date

All applicant recommendation forms or any additional letters of recommendation must be postmarked on or before March 16, 2018 to be considered for an award. You may duplicate this form as needed.

5465 S. Pacific Highway Phoenix, OR 97535