

Recommendation Form for McKendree University/ Illinois Community College System Foundation- Scholarship Partnership

This portion to be completed by the applicant:

Name of Applicant _____

Social Security Number _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 provides permission for a matriculated students to have access to his or her file unless a waiver of that right has been signed. If you wish to waive your right to have access to your file, sign your name in the space provided. If you do not sign, you will be permitted to inspect this reference only if you enroll at McKendree University.

Applicant's Signature

Date

This portion to be completed by the community college personnel writing the recommendation:

How long have you known the applicant? _____

In what capacity have you known the application? _____

	Superior- Top 2%	Very Good- Top 10%	Good- Top 25%	Average- Middle 50%	Poor- Bottom 25%	Unable to Judge
Academic Ability						
Written Communication						
Motivation						
Character						
Interpersonal Relationships						
OVERALL						

Compared to others you have knows at a similar level of development, please evaluate the application as follows: Please comment on the applicant's academic character traits. We are particularly interested in your assessment of the applicant's potential for outstanding academic achievement at the undergraduate level and where appropriate, beyond. Feel free to attach an additional sheet if necessary.

Name _____ Community College _____

Position _____ Email Address _____ Phone (____) _____

Address _____

Signature _____ Date _____