



ACADEMIC SCHOLARSHIP RECOMMENDATION FORM
CONFIDENTIAL

_____	_____
NAME OF APPLICANT	STUDENT ID

THE APPLICANT HAS WAIVED HIS/HER RIGHT TO VIEW THIS RECOMMENDATION. YOUR ASSESSMENT ON THIS CANDIDATE IS OF VITAL IMPORTANCE TO THE APPLICATION.

HOW LONG HAVE YOU KNOWN THIS APPLICANT? _____Years _____Months

WHAT IS THE BASIS FOR YOUR RECOMMENDATION?

_____Classroom contact
 _____Counseling relationship
 _____Co-curricular activities
 _____Personal
 _____Professional

PLEASE RATE THE APPLICANT ON THE FOLLOWING ATTRIBUTES:

	EXCELLENT	GOOD	FAIR	POOR	NO KNOWLEDGE
POTENTIAL	[]	[]	[]	[]	[]
MOTIVATION	[]	[]	[]	[]	[]
INITIATIVE	[]	[]	[]	[]	[]

PROVIDE ADDITIONAL COMMENTS ON THE APPLICANT'S DESIRE TO FURTHER HIS/HER EDUCATION AND/OR ANY OTHER FACTORS THAT MAY ASSIST US IN AWARDING THIS SCHOLARSHIP (Enclose a separate letter if desired.).

THIS APPLICANT IS: (CHECK ONE) _____ STRONGLY RECOMMENDED
 _____ RECOMMENDED
 _____ RECOMMENDED WITH RESERVATIONS

NAME (PLEASE PRINT): _____ SCHOOL OR COMPANY/DEPT.: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN COMPLETED FORM **IN A SEALED ENVELOPE** TO THE REQUESTING STUDENT APPLICANT FOR INCLUSION IN HIS/HER APPLICATION:

FOR QUESTIONS PLEASE CONTACT: ASCE Los Angeles Section, Southern San Joaquin Branch
 Sandy Bergam, PE, Scholarship Committee Chair
sbergam@iwalkinc.com, 661-410-9428

APPLICATION DUE DATE:	APRIL 15, 2016
-----------------------	----------------