2020-2021 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.
- 2. Recommendation deadline: emailed on or before, March 6, 2020 by 11:59PM.

Last name of applicant:	First Name:	

Check box to rate scholarship applicant according to the observed areas listed below.

Descriptors:	Superior	Good	Adequate	Weak	to rate
Ability to work with others					
Leadership					
Seriousness of purpose					
Initiative					
Persistence					
Creativity					
Academic Performance					
Bilingual Skills					
Communication Skills					

Unabla

Indicate the number of years you have known the scholarship applicant:

(On the back of this form, or by attaching an additional letter, please add any other comment that you would like to share about the scholarship applicant.)

Signature of person making recommendation		Printed name (ple	Printed name (please print legibly!)		
Title Name of wor		ace	Street address		
City	State	Zip Code	Work phone num	ıber	

Please return this form to: <u>Charlie_bauer@soesd.k12.or.us</u>

All applicant recommendation forms or any additional letters of recommendation must be emailed by <u>11:59PM on or</u> <u>before March 6, 2020</u> to be considered for an award. You may duplicate this form as needed.