

2019-2020 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: postmarked on or before, **March 1, 2019**.

Last name of applicant: _____ First Name: _____

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

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

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 (please print legibly!) Date

Title Name of work place Street address

City State Zip Code Work phone number

**Please return this form to: Southern Oregon Education Service District
Southern Oregon Latino Scholarship Fund Committee
5465 S. Pacific Highway
Phoenix, OR 97535**

All applicant recommendation forms or any additional letters of recommendation must be postmarked on or before **March 1, 2019** to be considered for an award. You may duplicate this form as needed.