

# Freshman Scholarship Recommendation Form

2008-09

Return to: Division of Undergraduate Studies  
 California State University, Bakersfield  
 11 EDUC  
 9001 Stockdale Highway - Bakersfield, CA 93311-1022  
 Telephone: (661)654-3420 - FAX: (661)654-6911



**Deadline: April 1st**

**Student/Applicant Information:**

\_\_\_\_\_ Last name      \_\_\_\_\_ First name      \_\_\_\_\_ Middle      \_\_\_\_\_ CSUB Id      \_\_\_\_\_ Major

Recommendation: Please complete the following recommendation for the above named student and return it directly to the address listed above.

1. How long have you known the applicant? \_\_\_\_\_ Years      \_\_\_\_\_ Months

2. On what do you base your recommendation of the applicant? (please one)

- Student       Other (please explain) \_\_\_\_\_
- Employee      \_\_\_\_\_
- Personal Acquaintance      \_\_\_\_\_

3. From among the individuals with whom you are acquainted, please give your personal appraisal of the applicant with regard to the following:

	Outstanding (Top 1%)	Excellent (Top 10%)	Good (Top 25%)	Average (Mid 50%)	Below Average
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please comment on the exceptional scholastic ability and accomplishments exhibited by the applicant. In addition, please assess his/her potential to succeed academically in a prescribed program of study leading to graduation from CSU, Bakersfield. (Please use an additional page if needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that according to the Family Educational Rights and Privacy Act of 1974, the California Education Code and University Policy, the applicant for whom this recommendation was completed has the right to review the content of his/her scholarship file, including this letter.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_