

Academic Scholarship Recommendation Form

2008-09

Return to: California State University, Bakersfield
 Office of Financial Aid & Scholarships
 48 SA
 9001 Stockdale Highway - Bakersfield, CA 93311-1022
 Telephone: (661)654-3016 FAX: (661)654-6800
 Web: <http://www.csub.edu/finaid> E-Mail: finaid@csub.edu



Student/Applicant Information:

Last name	First name	Middle	CSUB Id	Major
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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 (please only √ once in each row):

	Outstanding (Top 1%)	Excellent (Top 10%)	Good (Top 25%)	Average (Mid 50%)	Below Average
Intelligence					
Motivation					
Creativity					
Leadership					

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