



Educational Talent Search
2009 SCHOLARSHIP LETTER OF RECOMMENDATION
(DUE: MARCH 31, 2009)

Dear Applicant:

This form should be completed by an academic teacher, counselor or school site administrator who **knows you well**. Remind the recommender to place this form in a sealed and signed envelope. Attached the envelope to your application packet and submit it by March 31, 2009 to the ETS Office.

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Current School: _____

To the Recommender:

The student named above is applying for a scholarship from the DVC ETS Program. The ETS Scholarship Committee would appreciate you answering the questions below in a candid manner being specific about the student’s academic potential to succeed in college. **Return this completed letter of recommendation to the student in a sealed and signed envelope.** The student must submit this form with their application by March 31, 2009. *If you have any questions, contact the ETS Representative at your school or call our office at 925-685-1230 ext 2677.*

Recommender’s Name _____ Position _____

School _____ Phone # _____

How long have you known the student? _____ Under what circumstance? _____

Describe the student’s strengths and areas in which the student has improved. You may discuss the student’s personal characteristics, maturity, initiative, leadership, special talents, self-esteem/image, and integrity.

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Based on your knowledge, what is the student's academic potential for success in college?

Additional Comment: (e.g. ETS involvement, school activities, employment, community involvement, family responsibilities, resourcefulness)

RATINGS

Compared to other students in his or her class, program, activity, how do you rate this student in terms of:

No basis		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent
<input type="checkbox"/>	Creative, original thought	<input type="checkbox"/>	<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"/>
<input type="checkbox"/>	Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Thank You!

Confidentiality:

The ETS Scholarship Committee values your comments and request that you complete this form with the knowledge that it will be retained in the student's file. This information will be kept confidential and reviewed by the ETS Scholarship Committee. We are committed to administering this activity without regard to race, color, national origin, gender or disability.