

2012-2013 Scholarship Recommendation Form

CALIFORNIA STATE UNIVERSITY, STANISLAUS • TURLOCK, CA 95382

- Form must be completed by a CSU Stanislaus faculty member (if you are currently enrolled at CSU Stanislaus) or by a faculty member at your current school if you will be new to Stanislaus in Fall 2012

NAME OF STUDENT: _____

1. How long have you known the applicant?

2. On what do you base your recommendation of the applicant? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Personal acquaintance | <input type="checkbox"/> School records |
| <input type="checkbox"/> Reports of instructors | <input type="checkbox"/> Other |

Explain: _____

3. Please give your personal appraisal of the applicant:

	<u>Outstanding</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>
Academic Performance	<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"/>
Creative Ability	<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"/>

4. Please comment on any exceptional scholastic abilities and/or other accomplishments exhibited by the student:

Signature _____ Title _____ Date _____

Print Name _____ School/College _____

RETURN THE COMPLETED FORM NO LATER THAN MARCH 2, 2012 TO:

Financial Aid & Scholarships Department
California State University, Stanislaus
One University Circle
Turlock, CA 95382

**ANY QUESTIONS – PLEASE CALL:
(209) 664-6587**