

REEDLEY COLLEGE SCHOLARSHIP RECOMMENDATION FORM **2010-2011 ACADEMIC YEAR SUBMIT BY: May 3, 2010**



INSTRUCTIONS: This form is not required, but is suggested. You may submit either this form or a typed letter from the person making the recommendation with your application. You may print this form or request that the person making the recommendation complete it online and submit it by email.

Student Information: Name:	SSN/College ID:
Educational Goal:	
To be completed by the person mal	king the recommendation:
vill assist the selection committee in making awar	
) Number of years you have known the applicant	: O-1 Years 1-2 Years 2-3 Years More than 3 years
	strengths with a brief explanation/example that demonstrates your choice ommunication skills, dependability, etc.) Click in the box below and begin typing:
our Name:	Phone Number or campus ext. :
ob Title & Work Location:	Date:
ignature (not required for SCCCD	
taff or faculty) if submitted by email:	

Mail: Financial Aid Office 995 N. Reed Ave Reedley CA 93654