

John A. Logan College Foundation **Recommendation Form**

Recommendation Forms **should not** be filled out by a relative or spouse. You may want to consider asking two people from the following list to be your references: teachers, guidance counselors, high school administrators, former or current employers, co-workers, or members of a volunteer or religious organization that you are affiliated with in the community.

Please return the completed form to the student for inclusion in their application materials or mail to: Stacy Holloway, Director of Scholarships & Alumni Services, 700 Logan College Road, Carterville, IL 62918.

To be completed by scholarship applicant.

| Applicants Name | | | | | |
|-------------------|--------------------|---------|---------------|--|--|
| | (Last) | (First) | (Middle) | | |
| | | | | | |
| Address | | | | | |
| | (Street or PO Box) | (City) | (State) (Zip) | | |
| Student ID Number | | | Phone | | |

To be completed by reference Please rate the applicant on the following characteristics:

| | Excellent | Above Average | Average | Below Average | Poor | Unknown |
|----------------------------------|-----------|------------------|---------|------------------|------|---------|
| Commitment to academic program | | | | | | |
| Dependability | | | | | | |
| Motivation | | | | | | |
| Leadership | | | | | | |
| Ability to get along with others | | | | | | |
| Ethical and moral character | | | | | | |
| Likelihood of academic success | | | | | | |

Please explain why this individual is deserving of a scholarship:

Reference's Name Title/Occupation Relationship to Applicant _____ Date _____ Signature

10-04-07