



**Technical College of the Lowcountry Foundation  
Scholarship Applicant Recommendation Form**

**Scholarship Applicant:** Please ask two of your present or past employers or TCL instructors to complete a recommendation form for you. You will need to have two separate individuals submit forms on your behalf to the TCL Foundation. If you have a problem completing this requirement, please contact the TCL Foundation.

\_\_\_\_\_

Full Name of Scholarship Applicant

**Reference:** Please print or type and return to the TCL Foundation Office (*not the applicant*).  
Your recommendation is completely confidential.

\_\_\_\_\_

Full Name of Reference

\_\_\_\_\_

Title, Organization of Reference

\_\_\_\_\_

Address of Reference

\_\_\_\_\_

Phone Number of Reference

How long have you known the applicant and in what capacity?

\_\_\_\_\_

Please evaluate the applicant by placing an X in the appropriate box for each attribute.					
<b><u>Attribute</u></b>	<b><u>Outstanding</u></b>	<b><u>Above Average</u></b>	<b><u>Average</u></b>	<b><u>Below Average</u></b>	<b><u>Not Observed/ Not Applicable</u></b>
Written and verbal communication skills					
Integrity, honesty, dependability					
Participation (in class/at work)					
Academic work/Job completion					
Likelihood of completing degree/certificate program					

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Reference

\_\_\_\_\_

Date

Please return this form directly to the TCL Foundation (*not the applicant*)  
**By 5 p.m. Tuesday, April 16, 2013**  
**Mail:** Post Office Box 2614 Beaufort, SC 29901-2604    **Fax:** 843.470.5963    **Email:** gduryea@tcl.edu