

## THE PUTNAM COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION RECOMMENDATION FORM

**To the applicant:** Complete the top section of this Recommendation Form. Submit this form and a self-addressed stamped envelope to each individual from whom you are requesting a recommendation.

Full Legal Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (Type or print) Last First Middle  
 Present Address \_\_\_\_\_  
 Number and Street City State Zip Code

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

- I waive my right to review this recommendation.  
 I do not waive my right to review this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the person providing the recommendation:** If the section above is complete, answer the questions below and on the reverse of this form. The applicant has authorized you to share any information you feel would be helpful in reviewing his/her application. Recommendations will be held in strict confidence. Please place your response in the envelope provided to you by the applicant, seal and sign the back of the envelope across the seal and **RETURN THE ENVELOPE TO THE APPLICANT.** The applicant must submit all materials to the Foundation office on or before **January 15.** *Do not attach additional pages or letterhead. Only answers contained on this form will be considered.* If using the online fill able form, please attach this page. Thank you for your assistance.

Respondent's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type or print name \_\_\_\_\_ Title/Position \_\_\_\_\_ Institution \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years in my capacity as \_\_\_\_\_

- I do /  do not (please check) recommend this candidate for the Lilly Endowment Community Scholarship. Please initial: \_\_\_\_\_

ID Number \_\_\_\_\_ - \_\_\_\_\_  
 First 3 letters of middle name and last 4 digits of SSN

Please rate the applicant on each characteristic in comparison with other persons in the same stage of life by checking the appropriate number.

	Weak	Below Average	Average	Above Average	Exceptional	No basis for Judgment
A. Motivation for higher education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
B. Intellectual ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
C. Work ethic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
D. Ability to analyze and solve problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
E. Ethical standards & integrity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
F. Oral English expression skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
G. Written English expression skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
H. Overall, I expect the applicant's college work to be:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A

ID Number \_\_\_\_ - \_\_\_\_  
First 3 letters of middle name and last 4 digits of SSN

Please feel free to comment on anything that will help us understand this applicant. Has the applicant demonstrated the intellectual and personal characteristics necessary for success in higher education? The Community Foundation utilizes a blind review process in scholarship selection. **Avoid use of identifying information about the student in your statement.**

**IF YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US.**  
**The Putnam County Community Foundation** ♦ 2 South Jackson Street ♦ Greencastle, Indiana 46135  
Phone 765.653.4978 ♦ Fax 765.653.6385  
This application may be obtained electronically at: [www.pcfoundation.org](http://www.pcfoundation.org)