

NATIONAL COUNCIL



CORVETTE CLUBS

Recommendation for NCCC Scholarship

TO THE APPLICANT: Please complete the top section of this form.

Full Legal Name _____
 (Type or Print) Last First Middle

Present Address _____
 Number and Street City State Zip Code County

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 _____

This recommendation should be sent to: NCCC Scholarship Committee, P.O. Box 5032, Lafayette, IN 47903

TO THE PERSON PROVIDING THE RECOMMENDATION: Please complete this section and mail the form to the address shown above.

I have known the applicant for _____ years in my capacity as _____

1. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

	No Basis for Judgement	Weak		Below Average		Average		Above Average		Exceptional	
A. Motivation	0	1	2	3	4	5	6	7	8	9	10
B. Intellectual Ability	0	1	2	3	4	5	6	7	8	9	10
C. Breadth of General Knowledge	0	1	2	3	4	5	6	7	8	9	10
D. Understanding of Major Field	0	1	2	3	4	5	6	7	8	9	10
E. Ability to Analyze Ideas	0	1	2	3	4	5	6	7	8	9	10
F. Ethical Standards & Integrity	0	1	2	3	4	5	6	7	8	9	10
G. Oral English Expression Skills	0	1	2	3	4	5	6	7	8	9	10
H. Written English Expression Skills	0	1	2	3	4	5	6	7	8	9	10
I. Potential Success	0	1	2	3	4	5	6	7	8	9	10
J. Promise in Scholarship/Creative Endeavor	0	1	2	3	4	5	6	7	8	9	10
K. Overall, I expect the applicant's work to be:	0	1	2	3	4	5	6	7	8	9	10

2. On a separate page that you attach to this form, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success.

Respondent's Signature _____ Date _____ Telephone Number _____

Type or Print Name _____ Title or Position _____

Institution or Affiliation _____ Address _____