



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 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, 9741 Sunny Pointe Drive, Laingsburg, MI 48848

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			Above Average			Exceptional	
	0	1	2	3	4	5	6	7	8	9	10	
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. Does the applicant possess the intellectual and personal qualifications necessary for success.

Respondent's Signature Date Telephone Number

Type or Print Name Title of Position

Institution or Affiliation Address