

SONOMA STATE UNIVERSITY

Scholarship Office, Salazar 1010A



INSTRUCTIONS FOR SUBMITTING A LETTER OF RECOMMENDATION FOR A SONOMA STATE UNIVERSITY SCHOLARSHIP APPLICANT

RECOMMENDATION

The **deadline** for the applicant to submit your recommendation along with other application materials is **January 15, 2010**. Please return your completed recommendation **to the applicant** in time to comply with this deadline.

Your recommendation is **not** confidential unless you check the box beside your signature indicating such. If you want to ensure confidentiality of your comments, please seal the recommendation in an envelope, and sign your name across the flap before returning it **to the applicant**.

If for any reason you are not able to comply with the student's request, please notify the applicant at once so (s)he can obtain another recommendation.

The University Scholarship Program is designed to provide tangible encouragement and public recognition to students who have demonstrated academic excellence. The program is supported by generous contributions from individuals, organizations, corporations, and foundations. Scholarships range from \$250 to \$3,750 per academic year. Awards are announced by May for the following academic year. About one-half of our applicants receive scholarships.

Please utilize the recommendation form on the reverse side, and be sure to complete the **entire form**. It is suggested you keep a copy of your completed recommendation for future reference or in case the original is lost. **Return your original recommendation to the applicant.**

Respond to section "B" on a separate sheet, preferably with identifying letterhead. Address any of the following you can meaningfully discuss: **the applicant's scholarly qualities; campus and community achievements and honors; relevant work experience; a plan for attaining educational and career goals; and promise of future contributions**. Please be as specific as possible. Your reference is **absolutely vital** in the final evaluation of this student.

Positive qualities related to the applicant's intellectual and imaginative life – such as **curiosity and creativity, clarity of communication, breadth of perspective, capacity for hard work** and others listed in Section A (reverse side) – are given more weight than those that are merely commendable such as neatness, charm, humor, promptness, etc.

The primary criterion for awards from the University Scholarship Program is outstanding scholarship rather than financial need. For this reason, comments regarding need are not necessary. Please limit your remarks to one page.

Please call the Scholarship Coordinator at (707)664-2261 if you have any questions.

SONOMA STATE UNIVERSITY SCHOLARSHIP PROGRAM

Please read the instructions on the reverse and return the completed form with your separate reference letter to the applicant. Seal in an envelope if you wish to ensure confidentiality.

Name of Applicant: _____ **Date:** _____

A. Please **rank** the applicant on the following attributes and qualities in relation to his/her peers:

CHARACTERISTICS:	Superior	Excellent	Good	Average	Unable to Evaluate
Breadth of Perspective:	_____	_____	_____	_____	_____
Ingenuity & Creativity:	_____	_____	_____	_____	_____
Intellectual Curiosity:	_____	_____	_____	_____	_____
Self-Reliance & Initiative:	_____	_____	_____	_____	_____
Thoroughness:	_____	_____	_____	_____	_____
Organization & Follow-Through:	_____	_____	_____	_____	_____
Clarity of Communication:	_____	_____	_____	_____	_____
Leadership Qualities:	_____	_____	_____	_____	_____
Competence as a Team Player:	_____	_____	_____	_____	_____
Responsibility & Conscientiousness:	_____	_____	_____	_____	_____
Accepts Constructive Criticism:	_____	_____	_____	_____	_____

B. On a separate sheet of paper, evaluate the applicant as per instructions on page one of this form. You may include examples of the qualities listed above and your reasons for rating the applicant as you did.

THIS EVALUATION IS FUNDAMENTAL TO THE AWARD PROCESS

C. **Summary Opinion:** Indicate by a check mark your estimation of the applicant's overall academic ability and potential as compared to other students at a corresponding class level.

Superior (top 5%)	Excellent (top 20%)	Good (top 35%)	Average (top 50%)	Unable to Evaluate
_____	_____	_____	_____	_____

Name of Recommender _____ **Signature** _____

Title/Institution _____ **Address** _____

If you do **NOT** want your reference used or copied for any other purpose, please check this box.

Please make a copy for future reference, then return this original to the applicant.