

Recommendation Letter
 Scholarship for Service Program (SFS) at Sacramento State
 Fall Semester 2011

APPLICANT INFORMATION		
Last Name	First Name	M.I.

RECOMMENDER INFORMATION		
Last Name	First Name	M.I.
Position	Title	
Telephone Number	Email	
Institution or Organization Address		
Relationship to Applicant	Length of Relationship	

SECTION I					
<i>Assess applicant's knowledge and ability in the following areas</i>					
Ability to analyze problems and provide solutions	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Cannot Comment <input type="checkbox"/>
Oral communication skills	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Cannot Comment <input type="checkbox"/>
Written Communication skills	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Cannot Comment <input type="checkbox"/>
Time/Resource management	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Cannot Comment <input type="checkbox"/>

Please see next page for Section II

SECTION II

In the space provided below, please comment on applicant's technical background, motivation, potential for academic success, fulfillment of degree requirement, and potential future professional success.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date