



## John A. Logan College Foundation Recommendation Form

Recommendation Forms **should not** be filled out by a relative or spouse. You may want to consider asking two people from the following list to be your references: teachers, guidance counselors, high school administrators, former or current employers, co-workers, or members of a volunteer or religious organization that you are affiliated with in the community.

Please return the completed form to the student for inclusion in their application materials or mail to: Stacy Holloway, Director of Scholarships & Alumni Services, 700 Logan College Road, Carterville, IL 62918.

To be completed by scholarship applicant.

Applicants Name			
	(Last)	(First)	(Middle)
Address			
	(Street or PO Box)	(City)	(State) (Zip)
Student ID Number		Phone	

**To be completed by reference**

Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor	Unknown
Commitment to academic program						
Dependability						
Motivation						
Leadership						
Ability to get along with others						
Ethical and moral character						
Likelihood of academic success						

Please explain why this individual is deserving of a scholarship:

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Reference's Name \_\_\_\_\_

Title/Occupation \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_