**“Get There From Here” Scholarship**

**Letter of Academic Recommendation**

Scholarship Committee

Suffolk County Community College Program of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

533 College Road, Selden, NY 11784 Semester for which you are applying for Scholarship Aid\_\_\_\_\_\_\_\_\_\_\_

Letter of Academic Recommendation

**Instructions to the Applicant:**

Ask a teacher/professor, counselor or other school official familiar with your academic record and career plans to complete this form and write a letter of support for you. **Please remember that you will need to submit two separate academic letters of recommendation.** Provide each person with an envelope addressed to yourself so that you can include the sealed recommendation letter with your application package. Please complete the following information:

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle/maiden

Name of Recommender (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the applicant, □ waive my right of access to this letter of recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ do not waive Applicant’s Signature

**Instructions to the Academic Reference:**

The Scholarship Committee appreciates your confidential statement regarding the above applicant. (Please note: Applicants have the right to see this statement if they have not waived the right of access above.) Please indicate how long you have known the applicant, what your opinion is of the applicant’s academic ability and potential, and your impressions of the applicant’s leadership ability and/or volunteer activities in the school community.

**Please attach your recommendation letter (which should be submitted on official stationery) to this form and place it in the envelope provided by the applicant. Seal it, sign your name across the flap, and return the sealed envelope to the applicant. The applicant will submit the sealed recommendation with his/her scholarship application.**

*Please check only one:*

□ I recommend the applicant without reservation

□ I recommend the applicant with reservation

□ I do not recommend the applicant

Signature Date

Name (Please print) Position

School Name E-mail address

Address