**“Get There From Here” Scholarship**

**Letter of Professional 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 Professional Recommendation

**Instructions to the Applicant:**

You should ask an employer, or an official of an organization in which you are active to complete this form and write a letter of support for you. Provide the 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 Professional 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, and in what capacity. Please provide comments on the leadership potential, work ethic, integrity and abilities of the applicant.

**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

Institution or Organization E-mail address

Address