**“Get There From Here” Scholarship**

**Letter of Personal 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 Personal Recommendation

**Instructions to the Applicant:**

You should ask a community leader, civic or service organization official familiar with your volunteer service to the community to complete this form and write a letter of support for you. If you do not know anyone in this capacity, you may ask someone who is not a family member to complete this portion of your application. 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 Personal 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, in what capacity, and whether or not you consider the applicant’s volunteer service to the community to be a true indication of leadership potential. Please comment on the leadership potential, work ethic, character, integrity and abilities of the applicant.

**Please attach your recommendation letter 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