Cal RETIRED TEACHERS' ASSOC., KERN DIVISION SCHOLARSHIP APPLICATION CONFIDENTIAL

N		COLLEGE STUDENT ID #			
THE APPLICANT I YOUR ASSESSME APPLICATION. **	NT OF THIS CAN	-	TTAL IMPO	ORTANCE TO) THE
How long have you known this applicant? What is the basis for your recommendation?			N	EARS	MONTHS
			(CLASSROOM CONTACT COUNSELING RELATIONSHIP CO-CURRICULAR ACTIVITIES	
PLEASE RATE THE	APPLICANT ON 1	THE FOLLOWING	ATTRIBUTE	S:	NO
	EXCELLENT	GOOD	FAIR	POOR	KNOWLEDGE
POTENTIAL	[]	[]	[]	[]	[]
MOTIVATION	[]	[]	[]	[]	[]
INITIATIVE	[]	[]	[]	[]	[]
PROVIDE ADDITION EDUCATION AND/O SCHOLARSHIP.					
· · · · · · · · · · · · · · · · · · ·			TRONGLY RECOMMEN		DED
					ESERVATIONS
NAME (PLEASE PR	INT):			_	
DEPARTMENT:					

SIGNATURE:_____

DATE:____

RETURN COMPLETED FORM TO THE DEPARTMENT OF FINANCIAL AID AND SCHOLARSHIPS.

DUE DATE: FRIDAY, MARCH 19, 2021 BY 4:30 pm