

Gilroy Unified School District
This is a common application for:

Name of Scholarship

LETTER OF RECOMMENDATION

Student's Name: _____

How long have you known this student? _____

How well do you consider you personally know the applicant? (Choose one)

Very Well [] Fairly well [] Not very well [] Slightly []

Please rate all areas in which you feel you have adequate knowledge of the student. Check one box for each area and provide an overall recommendation.

	Outstanding (Top 5%)	Excellent (Top 10%)	Good (Top 25%)	Average	Marginal	Inadequate Knowledge
Ability						
Academic Achievement						
Leadership						
School Service						
Community Service						
Employment Record						
Overall Recommendation						

Comments: In this section, please provide all pertinent information you have regarding the applicant, including character traits and qualities (attach separate page, if necessary).

Name (Please Print): _____ Relationship to applicant: _____

Signature: _____ Date: _____