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Scholarship Recommendation Form

This form should be given to an academic or professional acquaintance who is familiar with your ability to complete college-level work.

Applicant Name: _____ Birth date: _____

Program of interest: _____

The Family Education Rights and Privacy Act of 1974 gives students the right to inspect records and challenge inaccuracies in those records. Please state whether you would like to waive or retain your right to access this letter of recommendation under that Act.

I waive my right to access this recommendation form

I retain my right to access this recommendation form

Applicant's signature: _____ Date: _____

This section to be completed by the evaluator

We appreciate your help evaluating this applicant's potential as a scholarship recipient at Fresno Pacific University.

We will consider your input carefully and confidentially. Feel free to attach a separate sheet of paper with additional comments or observations.

Evaluator's name: _____ Title: _____

Organization: _____ Phone: _____

Length of acquaintance: _____ Relationship: _____

Describe the applicant's potential for service: _____

Strengths and abilities:

Areas the applicant may find challenging:

I recommend the applicant for private donor scholarships

I recommend the applicant with this reservation: _____

I do not recommend the applicant

Evaluator's signature: _____ Date: _____