



West Region of the National Council of Corvette Clubs

Letter of Recommendation for West Region Scholarship

TO THE APPLICANT: *Please complete the top section of this form*

Full Legal Name
(Print or Type)

Last

First

Middle

Present Address

Number and Street

City

State

Zip Code

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box you choose and sign your name

I waive my right to review this recommendation

I do not waive my right to review this recommendation

Applicant's Signature:

Date

MO

Day

Year

This recommendation should be sent to:

**WR Scholarship Committee, Gary Foster at 12605 Tanglewood Dr, Urbandale, IA, 50323-2368 or
may be sent as a PDF via e-mail to: RE@westregionnccc.com**

TO THE PERSON PROVIDING THE RECOMMENDATION: Please complete this section and mail to the above address

I have known the applicant for _____ years in my capacity as _____

1. Place rate the applicant on each characteristic with other students at the same level by circling the approximate number

	No basis for Judgement	Weak	Below Average	Average	Above Average	Exceptional
A Motivation	0	1 2	3 4	5 6	7 8	9 10
B Intellectual Ability	0	1 2	3 4	5 6	7 8	9 10
C Breadth of General Knowledge	0	1 2	3 4	5 6	7 8	9 10
D Understanding of Major Field	0	1 2	3 4	5 6	7 8	9 10
E Ability to Analyze Ideas	0	1 2	3 4	5 6	7 8	9 10
F Ethical Standards & Integrity	0	1 2	3 4	5 6	7 8	9 10
G Oral English Expression Skills	0	1 2	3 4	5 6	7 8	9 10
H Written English Expression Skills	0	1 2	3 4	5 6	7 8	9 10
I Potential Success	0	1 2	3 4	5 6	7 8	9 10
J Promise in Scholarship Creative Endeavor	0	1 2	3 4	5 6	7 8	9 10
K Overall I Expect the Applicant's Work to Be	0	1 2	3 4	5 6	7 8	9 10

2. On a separate page attached to this form. Please provide your candid assessment of this applicant's strengths and weaknesses. Does the applicant possess the intellectual and personal qualities necessary for success?

Respondent's Signature

Date

Telephone

Type or Print Name

Title of Position

Institution or Affiliation

Address

City

Zip Code