



2020-2021 Scholarship Program

RECOMMENDATION FORM

APPLICANT'S NAME: _____

RELATIONSHIP & NAME OF FOASC MEMBER AND STORE
NUMBER: _____

SPECIAL NOTE TO THE INDIVIDUAL COMPLETING THIS FORM; Please answer all questions on this form in a detailed and candid manner, noting any specific incidents, which illustrate the candidate's maturity, intellectual capacity and initiative. Please return the completed form to: 7-Eleven FOASC Scholarship Committee, 225 E. Santa Clara St, Suite 220 Arcadia, CA 91006

1. How long have you know the applicant? ____years ____months.

2. Under what circumstances have you known the applicant?

3. What do you consider the candidate's most outstanding abilities?

4. What are the candidate's major liabilities or weaknesses?

5. What is the candidate's leadership potential? _____

6. How would you rate the applicant's oral communication skills?

7. How would you rate the applicant's written communication skills?

8. In your opinion, is the educational program the candidate is applying for appropriate at this time in his/her career? Why or why not?

9. In comparison with other college/university candidates that you have known how, would you rate the applicant with respect to the following qualities? Please use 1 through 6 to rate the applicants after each quality listed.

1 – Inadequate

2 – Below Average Lower

3 – Average middle

4 – Good Top 7%

5 – Outstanding Top 7%

6 – Truly exceptional Top 2%

Qualities: (below please rate 1 through 6 from above)

Intellectual Capacity #_____

Ability to work well with others #_____

Leadership ability #_____

Imagination/ Creativity #_____

10. _____ I strongly recommend _____ I recommend

(Signature) (Date)

Name (Please print) _____

Position/Title_____

Business Address_____

Business Telephone Number ()_____