

# SCHOLARSHIPS FOR SUCCESS

## Recommendation Form

**To the student:** Please enter your name and submit this form to the person who will write your recommendation. You must have a minimum of two letters of recommendation from a teacher, counselor, employer, etc.

One letter of recommendation must be from an OSTC campus staff member. The other letter **MUST** be from someone who knows you in another capacity.

Last Name:

First Name:

OSTC Campus:

**To the recommender:** Please return this form to the student after it is completed.

How long have you known the applicant?

In what capacity:

On what basis would you recommend this student for a scholarship? Please list three specific examples.

1.

2.

3.

How does this student rank against other students?

What else should we know about this student?

Print Name:

Position:

Signature:

Date:

**Please note:** Applications must be received no later than **Friday, February 1, 2019**. Students must submit the application, transcripts and letters of recommendation by this date.

**Save and upload a copy of this letter to the Google application.**