

Los Angeles County Community Development Foundation (LACDF)

2020 Scholarship Program RECOMMENDATION FORM

(Applicant: provide this form to each person making a recommendation on your behalf)

Applicant Name: _____

The LACDF awards scholarships to qualified participants of the Los Angeles County Development Authority (LACDA) Public Housing and Section 8 Programs.

Instructions to Recommender:

An LACDF Scholarship applicant has requested that you provide a recommendation that evaluates their capabilities. Please complete this form (type or print using black ink) and return to Shelly.Thompson@lacdf.org on, or before, 5:00 P.M. on Monday, April 27, 2020. For further information about the LACDF and its programs, please visit us at www.lacdf.org or call us at (626) 586-1899. Family and friends of applicants are highly discouraged from providing recommendations.

Section One: General Information of Recommender

First Name: _____ Last Name: _____

Professional Title: _____

Are you a: Teacher Counselor Employer Other: _____

Institution/Company Name: _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Email Address: _____

Section Two: Relationship

How long have you known the applicant? Less than 1 year 1-2 years 3 or more years

How well do you know the applicant? Casually Fairly Well Very Well

In what context do you know the applicant? _____

OFFICE USE ONLY:

ID Number: _____ Birth Year: _____ Prev. AY: _____ Date Received: _____

OFFICE USE ONLY:

ID Number: _____ Birth Year: _____ AY Status: _____ Date Received: _____

Section Three: Evaluation

Please rate the applicant on each attribute (1=below average, 2=average, 3=above average, and 4=excellent):

| | Unable to Comment | 1 | 2 | 3 | 4 |
|---|-------------------|---|---|---|---|
| Work Habits (challenges self, manages time well, and utilizes support networks in academic or other settings) | | | | | |
| Leadership (ability to motivate others) | | | | | |
| Motivation and Long-Term Goal Setting (sets realistic goals, develops strategies for completing goals, and pursues goals) | | | | | |
| Self-Awareness (understands personal strengths and weaknesses, works to improve upon weaknesses, and uses strengths to maximize results) | | | | | |

Please use the space below (attach separate sheet if necessary) to provide supporting evidence of applicant capabilities. Use the attributes listed above as a guide.

Section Four: Recommender Certification

I certify that all information provided in this recommendation is true and complete to the best of my knowledge. I hereby authorize the LACDF to review my recommendation of the above named applicant for the purpose of evaluating their Scholarship application.

Recommender Signature: _____ Date: _____