



Recommendation Form

_____ (name of Applicant) is applying for a post-high school educational and independent living scholarship from the South Bay Down Syndrome Association.

To the Evaluator: Please complete this form and send it in to the South Bay Down Syndrome Association: P.O. Box 2082, Manhattan Beach, CA 90267, OR by e-mail to: Scholarship@sbdsa.org by December 31st. Your comments will be held in strictest confidence. Thank you very much for your cooperation and assistance.

Please answer these questions, using an additional page if needed.

- 1. How long have you known this student?

- 2. Describe your relationship with the applicant.

- 3. What words come quickly to mind when describing this applicant?

- 4. Describe the applicant's desire to learn, using examples from your relationship.

- 5. Describe why you feel the applicant would benefit from post high school educational or training opportunities.

Character Notes

1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree

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|--|---|
| 1 2 3 4 5 Is attentive | 1 2 3 4 5 Expresses thoughts well |
| 1 2 3 4 5 Follows directions | 1 2 3 4 5 Has demonstrated maturity |
| 1 2 3 4 5 Works cooperatively | 1 2 3 4 5 Has demonstrated responsibility |
| 1 2 3 4 5 Completes tasks | 1 2 3 4 5 Is considerate of others |
| 1 2 3 4 5 Is a self-starter | 1 2 3 4 5 Exhibits healthy relationships with peers |
| 1 2 3 4 5 Exhibits problem solving abilities | 1 2 3 4 5 Exhibits integrity |

Additional Comments on character (or independent living skills):

Optional: Comments or other information you believe might be helpful (e.g., other specific strengths and weaknesses).

Evaluator Info: Please Print *Legibly*

NAME _____ POSITION _____
ADDRESS _____
TELEPHONE (____) _____ EMAIL _____
SIGNATURE _____ DATE _____