CONFIDENTIAL

Student’s Name:

Technical Program:

Name of person making the recommendation:

Phone number:  __________________________ Email: __________________________

What is your relationship to the applicant?  __________________________________________

Recommendations from family or friends are not accepted.

How long have you known the applicant? __________________________

Recommendation:  (Check rating table: Above Average to Below Average)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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</thead>
<tbody>
<tr>
<td>Technical Knowledge</td>
<td></td>
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<tr>
<td>Safety Compliance</td>
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<tr>
<td>Quality of Work</td>
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<tr>
<td>Teamwork skills (compatibility with others)</td>
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<tr>
<td>Attendance, punctuality</td>
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<tr>
<td>Dependability, reliability</td>
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<tr>
<td>Follow Through</td>
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</table>

Signature: ____________________________  Date: __________________________

Please return to the applicant or financial aid office in a sealed envelope to submit with scholarship application.

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