



Scholarship Recommendation Form Spring 2009

Application Deadline: November 15, 2008

Thank you for taking time to support the educational goals of our students. Please return this form to the LTC Center for Community Development by November 15, 2008.

Mail: 1290 North Avenue, Cleveland, WI 53015
 Scan/email: foundation@gotoltc.edu,
 Fax: (920) 693-1314
 Drop-Off: Room L-234 on the LTC Cleveland Campus

APPLICANT INFORMATION						
Last Name		First Name		Date of Birth		
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address @gotoltc.edu (preferred)				
LTC Program						
REFERENCE INFORMATION - Must be an instructor, employer, counselor, clergy or person not related to the applicant.						
Last Name		First Name				
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		Email Address				
Relationship to Applicant:						
The Scholarship Applicant (please check):		Excellent	Very Good	Good	Average	Poor
1. Handles responsibility in a dependable manner.						
2. Plans and works cooperatively with others.						
3. Effectively manages time and workload.						
4. Demonstrates ability to listen effectively.						
5. Receives and accepts feedback.						
6. Shows initiative and follows through on commitments.						
7. Exhibits positive attitude.						
8. Shows desire to learn and improve.						
9. Has ability to communicate effectively in written and verbal form.						
10. Demonstrates respect for others through word and action.						
Signature of reference						
Date						

For Internal Use:

Application Received

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