**Office of Public School Academies**

School of Education and Human Services

456 Pioneer Drive

420J Pawley Hall

Rochester, MI 48309-4482

Tel: (248) 370-4596 Fax: (248) 370-4239

Email: [psa@oakland.edu](mailto:psa@oakland.edu)



**Freshman Scholarship**

**Recommendation Form**

**2018-19 School Year**

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| --- |
| **Student applicant must complete this section prior to giving form to reference.**  Applicant Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, you will have access to your recommendation unless you waive your right to access below:**   * Yes, I waive my right to access and understand I **cannot review** this recommendation. * No, I do not waive my right to access and understand I **may review** this recommendation.   Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Thank you for providing a recommendation for a prospective Oakland University (OU) student who has applied for a $3000 renewable scholarship offered by the Office of Public School Academies.**

**After completion, please return the form to our office via email or mail. Do not return to student.**

**Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How long and in what capacity have you known this applicant?**
2. **Based on your interactions with this applicant, please check the box next to each (or) for each quality that best describes him/her:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUALITY** | **Outstanding** | **Good** | **Average** | **Needs strengthening** |
| **Leadership** |  |  |  |  |
| **Communication Skills** |  |  |  |  |
| **Self-Motivation** |  |  |  |  |
| **Dependability** |  |  |  |  |
| **Work habits** |  |  |  |  |
| **Citizenship** |  |  |  |  |
| **Maturity** |  |  |  |  |
| I**ntellectual curiosity** |  |  |  |  |

**3. Describe any personal qualities, accomplishments, or events that might be helpful in the assessment of the applicant’s ability/potential to be successful in college.**

**Recommender’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **SUBMISSION DEADLINE: March 1, 2018** |

**Submit completed form by mail or email to:**

Oakland University - Office of Public School Academies

456 Pioneer Drive

420J Pawley Hall

Rochester, MI 48309-4482

Email: psa@oakland.edu

**\*Attach additional pages as needed.**