Century Scholars Program Recommendation Form

Student's Name _____ **High School** _____

This form must be completed by a **high school counselor, teacher, advisor, employer, coach, or any adult who can accurately identify the student's educational drive and potential.** PLEASE TYPE OR PRINT OR ATTACH AN ADDITIONAL FORM.

Scholars Program students are dedicated, motivated, hard-working individuals who are committed to earning a college education.

1. Please comment on the student's **academic skills and personal characteristics** (maturity, integrity, commitment, motivation).

2. Please provide any **additional information** that may assist the selection committee with its decision. (Example: student's strengths, weaknesses or extracurricular activities that might qualify or preclude the student from the full benefit of the Scholars Program.)

Signature of person who filled out the recommendation form: _____

Printed name of person who filled out the recommendation form: _____

Position / Title: _____ Date: _____