Technical College of the Lowcountry Foundation  
Scholarship Applicant Recommendation Form

Scholarship Applicant: Please ask two of your present or past employers or TCL instructors to complete a recommendation form for you. You will need to have two separate individuals submit forms on your behalf to the TCL Foundation. If you have a problem completing this requirement, please contact the TCL Foundation.

_______________________________________________  
Full Name of Scholarship Applicant

Reference: Please print or type and return to the TCL Foundation Office (not the applicant). Your recommendation is completely confidential.

_______________________________________________  
Full Name of Reference

_______________________________________________  
Title, Organization of Reference

_______________________________________________  
Address of Reference

_______________________________________________  
Phone Number of Reference

How long have you known the applicant and in what capacity?

_____________________________________________________________________________________________________

Please evaluate the applicant by placing an X in the appropriate box for each attribute.

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Observed/Not Applicable</th>
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<tbody>
<tr>
<td>Written and verbal communication skills</td>
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<td>Integrity, honesty, dependability</td>
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<td>Participation (in class/at work)</td>
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<td>Academic work/Job completion</td>
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<td>Likelihood of completing degree/certificate program</td>
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</tbody>
</table>

Additional comments:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_______________________________________________  
Signature of Reference

_______________________________________________  
Date

Please return this form directly to the TCL Foundation (not the applicant)
By 5 p.m. Tuesday, April 16, 2013
Mail: Post Office Box 2614  Beaufort, SC 29901-2604  Fax: 843.470.5963  Email: gduryea@tcl.edu

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