

CONFIDENTIAL RECOMMENDATION

Please take this form to a teacher, counselor, school administrator, or employer who knows you. Ask this person to complete section 2 of this form.

Section 1: To be completed by Student

Student's Name: _____ High School: _____

Address: _____ Ph. #: (____) _____ Birth Date: _____

Name of Evaluator: _____ Position: _____

School/ Organization: _____ Ph. # (____) _____

Address: _____

Section 2: To be completed by Evaluator

The above named student is applying to the College Assistance Migrant Program at Mendocino College. The College Assistance Migrant Program (CAMP) assists students who are migratory or seasonal farmworkers (or children of such workers) enrolled in their first year of undergraduate studies at a college. Services include counseling, tutoring, college skills workshops, financial aid stipends, health services, and housing assistance to eligible students during their first year of college. Please evaluate the applicant's potential for success in college relative to his/her peers, and please return to the applicant in a sealed envelope or mail/fax directly to the address below. Questions? Contact CAMP at 707-467-1026. Thank you!

**College Assistance Migrant Program
Mendocino College
1000 Hensley Creek Rd
Ukiah, CA 95482
Fax: 707-468-3212**

How long have you known this student? _____ In what capacity? _____

PERSONAL CHARACTERISTICS	STRONG	AVERAGE	WEAK
ACADEMIC DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highly recommend Recommend Do Not Recommend

Additional Comments: (please feel free to send an attachment)

Signature: _____ Date: _____