



### CONFIDENTIAL RECOMMENDATION

Student's Name: \_\_\_\_\_ High School: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: (\_\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Name of Evaluator: \_\_\_\_\_ Position: \_\_\_\_\_

School/ Organization: \_\_\_\_\_ Ph. # (\_\_\_\_\_) \_\_\_\_\_

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

The above named student is applying to the College Assistance Migrant Program (CAMP) at Mendocino College. 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. **You can also email a letter of recommendation that addresses the questions on this form.** Please email to [camp@mendocino.edu](mailto:camp@mendocino.edu)

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? \_\_\_\_\_

<b>PERSONAL CHARACTERISTICS</b>	<b>STRONG</b>	<b>AVERAGE</b>	<b>WEAK</b>
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: \_\_\_\_\_





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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

