

ALEXANDRIA

TECHNICAL & COMMUNITY COLLEGE

Foundation

Scholarship Letter of Recommendation Form

Applicant - complete top section only:

Name _____ ATCC ID # _____

Alexandria Technical & Community College (ATCC) Program: _____

ATCC Foundation Scholarship you are applying for: _____

Email address: _____

High School you attended: _____

Relationship to applicant: ___ ATCC faculty/staff ___ Employer ___ Other _____

Reference - please rate the applicant in each of the following areas:

	Superior	Above Average	Average	Fair	Unknown
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to school/community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write additional comments to support your recommendation (use back if necessary):

Reference Name: _____ Date: _____

Signature: _____ Phone #: _____

Please return completed form to:

Teresa Thoennes, Scholarship Coordinator

teresa.thoennes@alextech.edu -OR-

Alexandria Technical & Community College Foundation, 318 17th Ave E, Alexandria, MN 56308

It is the policy of Alexandria Technical & Community College to comply with federal and state law prohibiting discrimination in student admissions or treatment of students or employees on the basis of race, color, creed, religion, national origin, sex, marital status, disability, age, sexual preference, status with regard to public assistance, and membership or activity in a local commission.

This information will be made available in alternative format, such as larger print or cassette tape upon request.
An Equal Opportunity Educator/Employer

Please write additional comments to support your recommendation (continued from front):

Student:

ALEXANDRIA
TECHNICAL & COMMUNITY COLLEGE
Foundation

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