

Scholarship Recommendation

Section I – Student

Student Name: _____ CWID#: _____

Street Address: _____ Day Phone: (____) _____

City, State, Zip: _____ Evening Phone: (____) _____

Please use this form if the scholarship that you are applying for requires a recommendation or you would like to submit a recommendation with your scholarship application.

This recommendation form will NOT be reviewed unless you have applied for a scholarship at UCC. **Multiple or incomplete applications may not be reviewed.** Please complete Section I and forward this form to each person who you are requesting a recommendation from.

If I receive a scholarship through Union County College, I give permission to disclose this information to scholarship donors. Recipients must attend the **Scholarship Reception in April** and forward a **Donor Thank You Letter** to the Financial Aid Office. You can also email your Donor Thank You letter to uccfound@ucc.edu. I understand that this information in this recommendation will be used to assist in determining my eligibility for a scholarship at UCC.

Signature: _____

Date: _____

Section II – Person Providing Recommendation

Name: _____ Day Phone: (____) _____

Relationship to Student: _____ Company/UCC Department: _____

Signature: _____

Please attach a recommendation for the above student or write your recommendation directly on this form. You may submit this form and any attachments directly to the Director of Financial Aid.

Section III –Recommendation

Check here if you will attach a recommendation