

# UCLA CCCP Scholars Program 2011-2012 Recommendation Form

## This Part to be Completed by the Applicant

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip Code*

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Summer Program:  CLASSIC SITE  SITE PLUS  STP  GREEN SITE  SMC SITE  SMC SITE PLUS  STEM SITE  SITE LITE  Other: \_\_\_\_\_

**RECOMMENDER** – Please mail form to: UCLA Center for Community College Partnership/CCCP Scholars Program  
2211 Campbell Hall, Box 957176  
Los Angeles, CA 90095-7176

Or fax to (310) 267-4446 Or return to applicant Or email to [cccp@college.ucla.edu](mailto:cccp@college.ucla.edu)

**DEADLINE FOR APPLICATIONS: SITE PLUS: May 20 – All other programs: June 10**

## This Part to be Completed by the Recommender

To the Recommender: We would appreciate your opinion of \_\_\_\_\_, an applicant for UCLA CCCP Scholars Program. CCCP is particularly interested in an evaluation of the applicant's potential for academic achievement. Rankings should be related to other students in the same class or academic program or other persons of comparable experience.

	Excellent	Very Good	Above Average	Average	Below Average	No Judgment
Transfer Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's Commitment to Educational Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student's Perseverance through Personal Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide brief responses to the following questions.

In what ways will the applicant benefit from the CCCP Scholars Program?

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In what ways will the applicant contribute to the CCCP Scholars Program?

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Recommender's Name (Please Print): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Name of Institution/Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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