***To be completed by an instructor, counselor/advisor, coach, pastor/clergy and/or employer. Two recommendation forms are required.***

**Please give your assessment of this student’s academic eligibility below:**

**Characteristics: Unable to Assess Low ------ Moderate ------- High**

Academic Performance N/A 1 2 3 4 5

Seriousness of Purpose N/A 1 2 3 4 5

Communication Skills N/A 1 2 3 4 5

Leadership Skills N/A 1 2 3 4 5

Initiative N/A 1 2 3 4 5

Persistence N/A 1 2 3 4 5

Creativity N/A 1 2 3 4 5

Maturity N/A 1 2 3 4 5

Cooperation N/A 1 2 3 4 5

**Give a specific example or anecdote that illustrates the character of this applicant. Please use the space below or a**

**typed attachment.**

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Recommendation completed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date

I am the applicant’s □ Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(class), □ Counselor, □ Advisor, □ Employer/Supervisor,

□ Co-worker, □ Mentor, □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have known the applicant for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (length of time)

Contact info(email or phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be submitted to the Morris Family Foundation by May 15, 2014**

**Morris Family Foundation c/o Isler & Co., 839 Alder Creek Dr., Medford OR 97504**

**Executive Director, Pam Murphy** [**morrisfamilyfoundation@gmail.com**](mailto:morrisfamilyfoundation@gmail.com)