WCLA, Inc./WCLA Insurance Agency
WCLA Credit Union

2421 Pacific Ave., P.O. Box 2168, Olympia, WA 98507-2168, Phone: (360) 352-5033, (800) 422-0074

All recommendations must be received in the WCLA office no later than **January 31, 2010**. This material will be held confidential.
Name of applicant:_____

Name of person recommending applicant:_____
Recommendation: Personal ( ) Academic ( ) Please supply two for each category.

To the applicant:

This recommendation form should be given to the person you think is in the best position to comment on the nature and scope of your potential. Do not use relatives as recommenders.

To the recommender:

The WCLA Scholarship is intended for young persons who have demonstrated potential for post secondary education. May we please have your assistance in judging this applicant through your frank evaluation of his or her abilities and attitudes? (This recommendation will be held in confidence and should be returned directly to the WCLA office in order for the candidate's application to be considered.)

I know the applicant: Thoroughly ( ) Fairly well ( ) Superficially ( )

State the nature and duration of knowing the applicant.

_____

In marking the following items, superior should be used sparingly; it denotes a conspicuous excellence in this particular candidate. Excellent is a strong rating.

	SUPERIOR	EXCELLENT	GOOD	FAIR	NOT ACCEPTABLE
Esteem in which he/she is held in the community					
Ability to communicate					
Demonstrated leadership					
Potential for growth through this scholarship					
Ability to work with others					
Overall assessment of potential: ( ) ( )					

We would like your frank, confidential statement based upon your knowledge of the applicant. Please indicate your reasons for believing that the applicant will benefit through his/her being granted a WCLA Scholarship.

Signature of recommender:_____

Name:_____

Mailing Address:_____

Telephone: ( )_____ Date:_____