**Applicant's Name:** Click here to enter text.

**Your Name and Address:** Click here to enter text.

**How long have you known the applicant?** Click here to enter text.

**In what capacity do you know the applicant?** Click here to enter text.

**To the person making the recommendation:**

The information you supply will be made part of this applicant’s scholarship consideration file. It will be held in strict confidence. Please give your frank, objective evaluation and indicate how well you know the applicant. You may wish to comment on the individual’s maturity, integrity, citizenship, social adjustment, community involvement, leadership qualities, scholastic performance, or vocational goals. If you feel you cannot write a recommendation for this individual, please state so, and return this form immediately. Recommendations must be received no later than the date shown below. Please enter your recommendation in the space provided or as an attachment using this form as a cover page. Thank you.

Click here to enter text.

|  |  |  |
| --- | --- | --- |
|  |  | Click here to enter a date. |
| Signature |  | Date |
| Click here to enter text. |  | Click here to enter text. |
| Title |  | Place of Employment |

This recommendation will be held in confidence between you and the judges and will not be returned to the subject concerned. **You can mail recommendation to the address below or scan this form and email to** **smsf4h@ucanr.edu****. If you give the recommendation to the applicant, please place it in a sealed envelope and sign the back flap of the envelope.**

San Mateo County 4-H Office

Scholarship II Recommendation

1500 Purisima Creek Road

Half Moon Bay, CA 94019