

SUNY Orange
www.sunyorange.edu
 Office of Financial Aid
 2010-2011 Returning Scholarship
 Faculty Recommendation Form

Recommendation For: _____ ID# _____
(Print Student's Name)

Faculty Member: _____

Please indicate the course(s) in which you have had this student?

The College's Committee on Scholarship and Financial Assistance will be awarding returning scholarships based upon academic performance, faculty recommendations and involvement in college and community service activities.

Please complete and return this form directly to the Office of Financial Aid before the deadline of **April 15, 2010**. The scholarships will be awarded in late May.

(Please circle one)

		Excellent					Poor	
1. Academic Potential	1	2	3	4	5	6	7	8
2. Character	1	2	3	4	5	6	7	8
3. Emotional Maturity	1	2	3	4	5	6	7	8
Overall Rank	Top	10%	20%	30%	40%	50%	Bottom	
+++++								

Please include any other relevant information on this student you deem significant (i.e., contributions to the college environment outside of the classroom, etc.). Your comments are welcomed by the Scholarship Committee and are taken into consideration when reviewing each student's scholarship application.

Faculty Signature _____ Date _____

Department _____