



**CONFIDENTIAL RECOMMENDATION**  
**Please complete form or attach letter**

Name of Applicant: \_\_\_\_\_

Relationship to the applicant: \_\_Teacher \_\_Coach \_\_Employer \_\_Guidance Counselor \_\_Other: \_\_\_\_\_

**To the Recommender:** Please complete this form so that the student and the C.W. Driver Foundation Independent Scholarship Selection Committee can have the benefit of your appraisal.

1) In what context have you known the applicant? \_\_\_\_\_

2) Tell us why you are recommending the applicant. Use a separate sheet if you wish.

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

3) How will the applicant benefit from receiving the scholarship?

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

4) What is your overall recommendation for this applicant? (Please check one)

- Highly Recommended       Recommended with reservation
- Recommended       Not Recommended

Recommender Name (print): \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Please submit this Confidential Recommendation to:**  
C.W. Driver Foundation  
c/o David Levy  
212 Arroyo Terrace  
Pasadena, CA 91103

**Recommendation Submission DEADLINE: May 14, 2021**