

Please return this form to:  
**SCHOLARSHIP FOUNDATION OF SANTA BARBARA**  
P.O. Box 3620, Santa Barbara, CA 93130  
Phone (805) 687-6065 Fax (805) 687-6031  
*(or place the form in a sealed envelope and return it to the applicant)*

**ACADEMIC LETTER OF RECOMMENDATION**

**Legal Name of Applicant:** \_\_\_\_\_  
*Print Clearly*

**To the Instructor:** Thank you for acting as a reference for the above named applicant. Please take the time necessary to complete this form so that the applicant and the Student Aid Committee will have the benefit of your appraisal. Note: a parent or relative may not be used as a reference.

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

How long have you known the applicant? \_\_\_\_\_

**Comments:** Explain why you are recommending the applicant. Use a separate sheet if you wish.

**What has been the applicant's greatest strength?** \_\_\_\_\_

**In what areas does the applicant need improvement?** \_\_\_\_\_

**Overall Rating** *(check one)*

\_\_\_\_\_ Highly Recommended      \_\_\_\_\_ Recommended      \_\_\_\_\_ Recommended with Reservation

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name and Title *(print)* \_\_\_\_\_

Your Institution \_\_\_\_\_ Phone \_\_\_\_\_

**DEADLINE: JANUARY 29, 2010**  
*(Postmark on January 29, 2010 is acceptable)*