

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)*

**EMPLOYER / SUPERVISOR LETTER OF RECOMMENDATION**

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

**To the Employer or Supervisor:** Please take the time necessary to complete this form so that the student and the Student Aid Committee will have the benefit of your appraisal. Note: a parent or relative may not be used as a reference.

When was the applicant supervised by you? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What was your relationship to the applicant? (Check all that apply):

\_\_\_\_\_ Employer      \_\_\_\_\_ Manager      \_\_\_\_\_ Supervisor/Coach      \_\_\_\_\_ Other: \_\_\_\_\_

**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?** \_\_\_\_\_

**WORK HABITS:**       Superior       Very Good       Good       Average       Below Average

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

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

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

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