

RECOMMENDATION FORM

COLLEGE ASSISTANCE MIGRANT PROGRAM (CAMP)

This form should be completed by a current or previous teacher of student applying to CAMP. Please provide recommender adequate time to complete the form and return it to CAMP's Outreach Specialist. Recommendation forms can be emailed to camp@columbiabasin.edu or mailed to CAMP, 2600 N. 20th Avenue, MS-H6, Pasco, WA 99301.

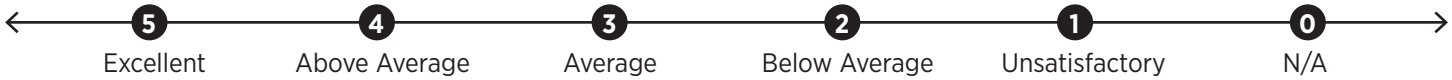
Recommender: _____

Applicant's Name: _____ Years Known: _____

STUDENT EVALUATION

For each section below, please choose a numbered category that best describes the applicant. Each box should have a single number.

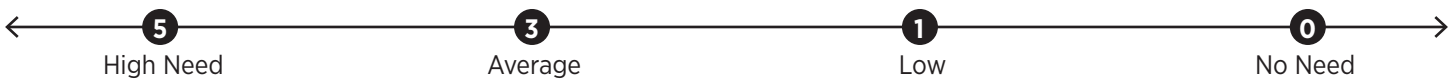
Personal Qualities:



- ___ Motivation to attend college
- ___ Time management
- ___ Self-discipline
- ___ Willingness to ask questions
- ___ Work ethic

- ___ Organized
- ___ Follow-through
- ___ Determination/Perseverance
- ___ Respect for others
- ___ Honesty

Need for CAMP Services:



- ___ Academic & Career Advising
- ___ Financial Assistance

- ___ Personal Support/Mentoring
- ___ Other _____

Is there any additional information you would like to share with us about this student?

Signature _____

Title/School _____ Date _____

Phone Number _____ Email _____

For further questions or inquiries, please call (509) 542-4602 or email camp@columbiabasin.edu

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