

**DELTA SIGMA THETA SORORITY, INC. – CERRITOS AREA ALUMNAE CHAPTER
IN PARTNERSHIP WITH
CRIMSON AND CREAM COMMUNITY FOUNDATION
2025 SCHOLARSHIP APPLICATION**

RECOMMENDATION FORM

(To be completed by a teacher, advisor or school counselor at current school)

Applicant	
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You have been asked to provide information in support of this applicant. Please give immediate and serious attention to the following statements.

THIS FORM MUST BE SUBMITTED VIA EMAIL BY THE RECOMMENDOR

Send to: dstcerritos.docs@gmail.com by Friday, March 7, 2025 11:59 PM (PST)

Subject: Applicant Last Name, First Name (Document Name)

4= Outstanding 3= Above Average 2=Average 1= Unsatisfactory	Rating
The applicant's choice of a post-secondary education program	
The applicant's achievement reflects his/her ability	
The applicant's ability to set realistic and attainable goals	
The Quality of the applicant's commitment to school and community	
The applicant's ability to seek, find and use learning resources	
The applicant's ability to problem-solve and complete tasks	
The applicant's respect for self and others	

COMMENTS (attach additional sheets if necessary)

Recommender's Name:			
Title:	Phone:	Email:	
Recommender's School			
School Address:			
City, State, Zip:			

