

California High School Summer Scholars Letter of Support Form

Instructions to Applicant (please print)

Fill in your name and registration number. Ask your Recommender to complete this form and return it to you in sealed envelope. Include the sealed envelope in your application packet. Please allow your Recommender at least 2 weeks to complete this form.

Name _____ Registration Number _____
Last First 5-digits only

Instructions to Recommender (please print)

Please complete the following and return the form to your student in a sealed envelope.

Name _____ Title _____
 Institution/Company _____
 E-mail Address _____ Phone _____

Evaluation (please print)

How do you know the applicant? _____ How long? _____

Please rate the student on the following attributes:

	Below Average	Average	Above Average	Extraordinary	No Answer
Academic ability					
Artistic ability					
Ability to complete rigorous college program					
Financial need/special circumstances					
Maturity among peers					
Challenges him/herself					
Time management skills					

UCLA Summer Sessions & Special Programs are academically rigorous and competitive. If you wish to elaborate further about this student, please provide comments in the space below or attach a separate sheet.

Recommender's Signature _____ Date _____