

# Charlottesville Community Scholarship Application

## Letter of Recommendation

Part 1: To be completed by applicant

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Program and school in which you plan to enroll \_\_\_\_\_

\_\_\_ I waive my rights to see the letter of recommendation, in which case such letters will be held in strict confidence.

\_\_\_ I do not wish to waive my rights to see the letter of recommendation, and the recommender understands that I have the right to inspect it.

*The applicant's decision on whether to waive the right to inspect the letter will not affect consideration of the application.*

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Signature of Applicant

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Date



Letter of recommendation for \_\_\_\_\_

Part 2: To be completed by person providing recommendation

The applicant is applying for a Charlottesville Community Scholarship, which is intended for low- to moderate-income residents of the city who plan to attend two- or four-year undergraduate colleges or enroll in vocational training programs. Thank you for helping us to evaluate the applicant's qualifications for this scholarship.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

School or Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

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

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

\_\_\_\_\_

Please comment on the applicant's qualifications to complete the academic or vocational program that he or she is about to undertake. (You may attach a statement.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (over)

Letter of recommendation for \_\_\_\_\_

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Why do you believe the applicant would be a worthy recipient of a Charlottesville  
Community Scholarship? \_\_\_\_\_

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Is there anything else you would like to tell us about the applicant? \_\_\_\_\_

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Letter of recommendation for \_\_\_\_\_

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Thank you. Please return this form by March 1 (high school seniors and adults) or  
October 1 (adults only) to

Charlottesville Community Scholarship Program

P.O. Box 1221

Charlottesville VA 22902



If you need assistance, please call Ms. Kay Ruffner, scholarship coordinator at  
Charlottesville High School, at 434-245-2682 or e-mail [ksr@cs.virginia.edu](mailto:ksr@cs.virginia.edu).