



Your name \_\_\_\_\_

Title \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we contact you if we have any questions? Yes  No

If so, preferred method: Phone  E-mail

Course(s) taught to student (w/ date(s)) \_\_\_\_\_

How long & in what capacity do you know the student? \_\_\_\_\_

As of September 2022, the student will be a \_\_\_\_\_ (Soph./Jr./Sr.)

\_\_\_\_\_  
Applicant's name

RATINGS: Compared to other students you have taught, please rate this student on a scale of 1 (lowest) to 5 (highest) in the following categories:

\_\_\_\_ Academic Potential

\_\_\_\_ Academic Achievement

\_\_\_\_ Resourcefulness

\_\_\_\_ Maturity

\_\_\_\_ Dependability

\_\_\_\_ Communication skills

\_\_\_\_ Class participation

RATINGS (Cont'd)

\_\_\_\_ Desire to learn

\_\_\_\_ Comes prepared

\_\_\_\_ Drive

\_\_\_\_ Helps others

\_\_\_\_ Knows what they want

\_\_\_\_ Music career potential

ADDITIONAL COMMENTS: Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. Please sign and date any additional sheets.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this recommendation form by March 31, 2022 to: [scholarship@theccc.org](mailto:scholarship@theccc.org).**

**The California Copyright Conference**

P.O. Box 57962

Sherman Oaks, CA 91413

[www.theccc.org](http://www.theccc.org)