

# CAMP

## College Assistance Migrant Program

Chemeketa Community College



### CAMP Recommendation Form

#### Section I: Scholarship Applicant

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

#### Section 2: Evaluator (One must be academic, preferably a teacher or counselor)

The above student is applying for the College Assistance Migrant Program (CAMP) scholarship. Please rate the applicant on the characteristics listed below to the best of your knowledge, as a college-bound student. Once completed, please attach your business card to this form and return it to the student in a sealed envelope or mail it directly to:

College Assistance Migrant Program, Chemeketa Community College, PO Box 14007, Salem, OR 97309-7070

	Excellent	Above Average	Average	Below Average	N/A
<b>Organizational Skills</b> (prioritizes, uses schedules, etc.)	( )	( )	( )	( )	( )
<b>Leadership Potential</b> (ability to guide/direct others)	( )	( )	( )	( )	( )
<b>Motivation/Self-discipline</b> (goals, self-initiative, self-control)	( )	( )	( )	( )	( )
<b>Maturity</b> (responsible, reliable)	( )	( )	( )	( )	( )
<b>Integrity</b> (ethical principles, honesty)	( )	( )	( )	( )	( )
<b>Time Management</b> (punctual, effective use of time)	( )	( )	( )	( )	( )
<b>Community Involvement</b> (volunteer work)	( )	( )	( )	( )	( )
<b>Interpersonal Skills</b> (openness, positive interactions)	( )	( )	( )	( )	( )
<b>Commitment to Education</b> (decided major, educational plan)	( )	( )	( )	( )	( )

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

Evaluator Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

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