# Recommendation Form

## College Assistance Migrant Program
## (CAMP)

**This form should be completed by a school counselor, teacher, coach, or supervisor. A minimum of 2 recommendation forms are required. Please provide each recommender adequate time to complete the form and return it to our office. *At least one recommendation form must be completed by a teacher*.** An electronic version is available upon request by contacting mcarmona@columbiabasin.edu.

Otherwise please mail to:
Melinda Carmona
College Assistance Migrant Program
2600 N 20th Ave
Pasco,WA 99301

Recommender _____ Applicant Name _____

In what capacity have you known the student? (Check all that apply) How long have you known the student? _____

☐ Teacher ☐ Counselor ☐ Mentor ☐ Coach ☐ Supervisor ☐ Other (Please specify) _____

What is this student's greatest accomplishment?

What is the student's motivation for attending college?

In your opinion, how will this student adapt to a college setting? Will he/she be successful?

What barriers could stop the student from completing his/her first year of college?

Why would the student benefit from participating in the CAMP program?

# Student Evaluation

**For each item below, please choose the numbered response that best describes the applicant. Write in the appropriate number for the response or pick a response from the drop-down list.**

## Personal Qualities : **(5) Excellent (4) Above Average (3) Average (2) Below Average (1) Unsatisfactory (0) N/A**

Motivation to attend college

Understanding of college culture

Time Management

Ability to handle adversity

Honesty

Willingness to ask questions

Consistency

Determination/Perseverance

Work ethic

Respect for others

## Need for CAMP Services: **(5) High Need (3) Average (1) Low (0) No Need**

Academic Advising

Career Planning

Personal Support/Mentoring

Tuition Assistance

Financial Assistance

Health Services

Other

## Recommendation:

**CAMP's success is measured in two specific ways. We appreciate your utmost attention to the following before making a recommendation. 1.) A student enrolling full-time (12 credits or more) each quarter (fall, winter, spring) and completing at least 36 credits for the academic year. 2.) A student returning for their second year the subsequent fall quarter**.

1.) Do you believe the student will stay enrolled **full-time** during their first year and earn a minimum of 36 credits. Why or why not? Please be specific.

2.) Do you believe the student will return for their second year in the Fall of 2014? Why or why not? Please be specific.

**Do you recommend this student to the program?**

Signature

Date

Phone Number

Title

Email

**For further questions or inquiries please contact**:

Melinda Carmona
CAMP Outreach Specialist
mcarmona@columbiabasin.edu
509-542-4602

Print Form

Submit by Email