

ACADEMIC RECOMMENDATION FORM**THIS SECTION TO BE FILLED OUT BY APPLICANT**

Student Name:	
Address:	
Email:	
Phone Number:	

TO THE RECOMMENDER: Please provide your opinion of the above named individual, who has applied to the Soboba Foundation for a scholarship. We are particularly interested in an evaluation of the applicant's potential for academic and professional achievement.

Please include the following information in your letter:

- Your name, title, company name, email address, signature, and date.
- The applicants name.
- The capacity in which you know the applicant.
- A strong distinction of strong and weak characteristics.
- Discuss the following characteristics in your letter: character, personality, integrity, commitment to community, intellectual ability, promise as a student, promise as a professional, maturity, and motivation.

Please send your letter of recommendation directly to the Sponsorship Coordinator via any of the following methods:

- **Mail:** Attn: Sponsorship Coordinator
Soboba Band of Luiseño Indians
PO Box 487
San Jacinto, CA 92581
- **Fax:** Attn: Sponsorship Coordinator
951-654-4198
- **Email:** sponsorships@soboba-nsn.gov