



BIRZEIT SOCIETY

P. O. Box 1822
NORWALK, CA 90651 U.S.A
TEL: (714) 991-1943
FAX: (714) 991-1594

SCHOLARSHIP RECOMMENDATION FORM

Deadline for receiving this recommendation Form by Birzeit Society is: August 31st.

I. TO BE COMPLETED BY THE STUDENT:

Student's name: _____ University/High School: _____

Field of study/major: _____ GPA (Average): _____

Expected date of graduation: _____ Degree: _____

II. TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

(Please refer to Birzeit Society's Scholarship guidelines for a list of acceptable sources of recommendations)

The student named above is applying for financial aid from Birzeit Society. Please complete this form and mail it directly to Birzeit Society at the above address. The student's application will not be considered until a completed recommendation Form is received before the specified deadline. Thank you.

Your name: _____ Title: _____

How long have you known this student? _____ In what capacity? _____

A. How do you rank this student in comparison to others in his/her class?

- Top 5% Top 10% Top 25% Average Below Average

B. Please complete the following by checking the appropriate column

	Excellent	Very Good	Good	Average	Below Average	N/A
Academic Achievement						
Communication Skills						
Financial Situation						
Critical						
Motivation						
Responsibility						
Initiative						
Social Adaptability						

Other comments and information: _____

Do you recommend this student to receive financial aid? _____

Signature: _____ Date: _____

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