

RECOMMENDATION FORM

JOE SARACENO 7-ELEVEN FRANCHISE OWNERS ASSOCIATION OF SOUTHERN CALIFORNIA'S SCHOLARSHIP

APPLICANT'S NAME: _____

RELATIONSHIP & NAME OF FOASC MEMBER AND STORE NUMBER: _____

SPECIAL NOTE TO THE INDIVIDUAL COMPLETING THIS FORM;
Please answer all questions on this form in a detailed and candid manner, noting any specific incidents, which illustrate the candidate's maturity, intellectual capacity and initiative. Please return the completed form before **November 30, 2011** to foasc711@yahoo.com
Or 7-Eleven FOASC, 11145 Tampa Ave., Suite 12B, Northridge, CA 91326

1. How long have you know the applicant? ____ years ____ months.

2. Under what circumstances have you known the applicant?

3. What do you consider the candidate's most outstanding abilities?

4. What are the candidate's major liabilities or weaknesses?

5. What is the candidate's leadership potential?

6. How would you rate the applicant's oral communication skills?

7. How would you rate the applicant's written communication skills?

8. In your opinion, is the educational program the candidate is applying for appropriate at this time in his/her career? Why or why not?

9. In comparison with other college/university candidates that you have known how, would you rate the applicant with respect to the following qualities? Please use 1 through 6 to rate the applicants after each quality listed.

- | | |
|-------------------------------|-------------------------------|
| # 1 – Inadequate | # 4 – Good Top 7% |
| # 2 – Below Average Lower 1/3 | # 5 – Outstanding Top 7% |
| # 3 – Average middle 1/3 | # 6 – Truly exceptional Top 2 |

Qualities: (below please rate 1 through 6 from above)

Intellectual Capacity # _____

Ability to work well with others # _____

Leadership ability # _____

Imagination/ Creativity # _____

10. _____ I strongly recommend _____ I recommend

(Signature) (Date)
Name (Please Print) _____ Position/Title _____

Business Address _____ Phone: _____