WESTMONT COLLEGE
SAN FRANCISCO URBAN PROGRAM
Rose Marie Springer Diversity Scholarship
Recommendation Form

Applicant: Please fill out this portion and give to reference.

Applicant's Name: _____

Applying for: Fall Semester 20 ___ Spring Semester 20 ___

Name of Reference: _____ Title: _____

Circle One: I agree **OR** do not agree to waive my right to access this reference.

Applicant's Signature: _____ Date: _____

1. Please state in what capacity you have been involved with the applicant and for how long you have known them?

2. Please state your assessment of the applicant's ability to interact with individuals from diverse backgrounds which they will encounter while attending the Urban Program.

3. Please describe an event, experience or initiative in which the applicant was involved in diversity reconciliation. What was your involvement with the applicant in the event? Please note diversity can be qualified as socio-economic, religious, gender, racial or other group.

Your Name: _____ Date: _____

Title: _____ Dept./Organization: _____

Phone Number: _____ Email: _____

Applications will NOT be considered without your recommendation form. PLEASE RETURN BY MARCH 1st for Fall applicants; November 1st for Spring applicants. Send to: Off-Campus Programs Office, Westmont College, 955 La Paz Road, Santa Barbara, CA 93108. You may also fax it to: (805)565-7142.