Recommendation Form

Educational Opportunity Program (EOP)

Mohawk Valley Community College
Email: EOP@mvcc.edu
Phone: 315-792-5438

Applicant:

Please fill in your information below and give this form to a counselor, teacher, employer, or community member who can comment about your potential in college. Relatives or friends are not acceptable.

Name: _____

Email: _____ Phone: _____

Address: _____

To Individual Completing this Form:

The person whose name appears above has applied for the Educational Opportunity Program (EOP) at MVCC. Please answer the questions honestly to illustrate the student's academic potential to succeed in college. If your relationship with the application doesn't allow you to make an evaluation, please indicate "NA" or not applicable. Please return this form by scanning and emailing it to **EOP@mvcc.edu**. Please do not return to the student.

Name: _____ Contact Number: _____

School / Organization: _____ Position: _____

How long have you known the applicant? _____

Under what circumstances? _____

_____

1. Please rate the applicant's academic skills

	Outstanding	Above Average	Average	Needs Improvement
Academic Achievement				
Reading/Writing				
Math				
Academic Potential				
Team Player				

2. Please rate the applicant's personal characteristics and motivation

	Outstanding	Above Average	Average	Needs Improvement
Positive Self Image				
Demonstrates Leadership				
Self-Starter				
Highly Motivated				
Respects Authority				
Has Potential for Growth				

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3. What qualities best describe the applicant?

- ☐ Respectful
- ☐ Compassionate
- ☐ Intellectually Curious
- ☐ Confident
- ☐ Hardworking
- ☐ Determined
- ☐ Takes Initiative
- ☐ Responsible
- ☐ Willing to Learn & Improve
- ☐ Comfortable Asking for Help
- ☐ Resilient
- ☐ Persevering

Other: _____

_____

4. What services or assistance would you recommend to help them succeed in college?

- ☐ Tutoring
- ☐ Mentorship
- ☐ Support with Time Management Skills
- ☐ Academic Skill Workshops
- ☐ Career Exploration
- ☐ Internship / On-Campus Job Placement
- ☐ Disability Services / Accommodations
- ☐ Financial Support

Other: _____

_____

5. Please indicate any barriers the applicant has faced.

- ☐ Financial Challenges
- ☐ Transitional Housing / Homelessness
- ☐ Limited Access to Reliable Transportation
- ☐ Limited Access to Guidance or Support System
- ☐ Learning English as a New Language
- ☐ Death in Immediate Family
- ☐ Family Care Responsibilities
- ☐ Unstable Home Environment

Other: _____

_____

_____ _____

Signature Date