



UNIVERSITY of HAWAII
WINDWARD
 COMMUNITY COLLEGE

Paipai o Ko'olau
Community Partner Referral
Form 2020-2021

STUDENT APPLICANT INFORMATION

Name			
Last	First	MI	

RECOMMENDER INFORMATION

Name			
Last	First	MI	
Organization:			
Phone:		Email:	
What is your relationship to the applicant?			
<input type="checkbox"/> Counselor	<input type="checkbox"/> Advisor	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other (Explain)

APPLICANT RATING

In your opinion, to what degree do you think the applicant will benefit from the Paipai o Ko'olau Program?				
1-----	2-----	3-----	4-----	5
No Benefit		Will Benefit		Exceptionally Benefit
In your opinion, will the applicant attend college if she/he is not accepted into the Paipai o Ko'olau Program?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		

BARRIERS/CHALLENGES

Are you aware of any specific barriers/challenges that are preventing this applicant from enrolling in college? How likely is it that this barrier will keep them from attending college? (please feel free to continue on back page)
Additional Comments:

