

ST. BARBARA'S PHILOPTOCHOS  
SCHOLARSHIP PROGRAM

I, \_\_\_\_\_, request that you complete this recommendation form, a requirement for my application for scholarship support. I understand that by signing this form I waive my right to access this information.

\_\_\_\_\_  
ELECTRONIC SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
*\*\*Please fill out the below section and forward the form to your instructor*

RECOMMENDATION FORM

Name of instructor providing recommendation: \_\_\_\_\_

Relation to student: \_\_\_\_\_

The above student has applied for a scholarship. The Scholarship Selection Committee wishes a frank appraisal of the applicant's qualifications. The student's demonstrated ability, scholarship, character and other pertinent facts are welcome evidence. This appraisal is confidential and will not be seen by the candidate. Please attach this form along with the recommendation letter in an email to [stbarbscholarship@gmail.com](mailto:stbarbscholarship@gmail.com) on or before **March 1, 2021**.