

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

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

RECOMMENDATION FORM

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 on or before June 19, 2020.