

RECOMMENDATION FORM

APPLICANT:

Applicant's Name: _____
Permanent Street Address: _____
City, State, ZIP: _____
College/university you plan to attend this fall: _____

TO THE REFERENCE:

The student named above is applying for an ALSO Youth Scholarship. Your recommendation is needed as part of the application process. After completing the information below, please attach a letter of recommendation for the applicant.

Your recommendation should express why you think this student should be considered for a scholarship. Criteria for scholarship selection include the applicant's academic commitment and potential, as well as financial need.
YOUR COMMENTS ARE VERY IMPORTANT.

Please note that the recommendation may not be written by current ALSO Youth Board members or staff.

Please email this completed and signed recommendation form and your letter of recommendation directly to ed@alsoyouth.org as soon as possible.

The application deadline is March 31, 2023.

Check your relationship to the applicant: Instructor/Professor Employer/Supervisor Other

If other, please specify: _____
How long have you known the applicant? _____

Your Name: _____

Title: _____

Mailing Street Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Signature: _____

Date: _____