

## SCHOLARSHIP RECOMMENDATION FORM

**To be completed by applicant:**

Applicant's Name

Applicant's Address

Telephone Number

Scholarship For Which You Are Applying

Application Due Date

**To the applicant:**

**Two** recommendations are required to support your scholarship application. The recommendations should be from adults who are not family members but who know you and your accomplishments well. Please provide an envelope addressed to the Calhoun County Community Foundation to each person completing a recommendation.

**To the person completing the recommendation:**

The student named above is applying for a scholarship and has asked you to provide the Calhoun County Community Foundation with any information you feel would be helpful in reviewing his/her application. This information will be confidential. Return the recommendation in a sealed envelope to the Calhoun County Community Foundation by the **application due date**. Only applicants who have met the required recommendations by the due date will be considered for a scholarship.

In a separate letter, please comment on the following:

- Your relationship to the applicant, including how well and how long you have known the applicant.
- Your experience with or observations of the applicant with regard to academic accomplishments, contributions to school and community, leadership skills, and character.
- Any other information that you feel would help the committee become better acquainted with this student.
- Please print your name, sign, date and return your recommendation letter to the address below along with this form.

**Calhoun County Community Foundation  
P.O. Box 1826  
Anniston, AL 36202**

Thank you for your assistance.