



**SCIA SCHOLARSHIP APPLICATION RECOMMENDATION #1
(This form must accompany application.)**

APPLICANT SIGNATURE

DATE

APPLICANT'S NAME (Print) _____

LAST

FIRST

MIDDLE

CURRENT ADDRESS _____

CURRENTLY ATTENDING _____

HIGH SCHOOL

EXPECTED DATE OF GRADUATION _____

RECOMMENDATION

To be completed by the person making the recommendation.
You may use personal or school stationary, or the space provided below.

Please write a paragraph and or letter about the applicant and include:

- 1. How long you have known the applicant and in what capacity.**
- 2. Comment on the applicant's qualifications.**
- 3. Comment on the applicant's potential to succeed in a college level program.**

Name of Person Making Recommendation

Signature of Person Making Recommendation

Title

Phone Number

Address

City, State, and Zip Code