## **RECOMMENDATION FORM**

For The SINA Student Support Scholarship Program

NAME OF APPLICANT	LAST NAME	FIRST NAME	MIDDLE INIT.
To the person completing	ng this recommendation	:	
Please comment about th applicant will be very im		d/or career aspirations. Your ca	andid opinion about the
		the scholarship helping the app nis scholarship contribute to the	
Thank you.			
How long have you know	vn the applicant and in wh	nat capacity?	
Comments: (Attach addit	ional pages, if necessary)		
Recommendation issued	by: (Please Print)		
Title/Position:			
Signature:			
If your applicant is select	ed, will you be willing to	present them at the awards cer	emony?  Yes  Maybe  No
If so, please provide your c	ontact information below:		
Phone: ()	Email:		