COMMUNITY RECOMMENDATION FORM

For The SINA/Ivan A. Backer Scholarship Program

NAME OF APPLICANT:_____

LAST NAME FIRST NAME MIDDLE INIT.

To the person completing this recommendation:

There are three criteria for choosing the winners of this scholarship: service to community, school and family, academic achievement, and financial need.

Your comments about the applicant's service to the community, school, and his/her family, will be especially helpful. Your candid opinion about the applicant will be very important to us.

Thank you.

How long have you known the applicant and in what capacity?

_____

Comments: (Attach additional pages, if necessary)

Recommendation issued by: (Please Print)_____

Title/Position:_____

Institution:_____

Signature:_____

If Submitting electronically please type full name and date