

Application Form

Connecticut Children's Kelly Styles STEM Scholarship

RECOMMENDATION FORM

NAME OF APPLICANT: _____
LAST NAME FIRST NAME MIDDLE INIT.

To the person completing this recommendation:

There are three criteria for choosing the recipient of this scholarship: participation in STEM-related activities, the pursuit of STEM-related programs in college, academic achievement, and financial need.

Your comments about the applicant's pursuits and achievements in Science, Technology, Engineering, and Mathematics 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 text full name