RECOMMENDATION FORM

For The SINA Student Support Scholarship Program

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

To the person completing this recommendation:

Please comment about the applicant's character and/or career aspirations. Your candid opinion about the applicant will be very important to us.

Helpful information can include: How do you see the scholarship helping the applicant? How do you think the person can contribute to his/her field? How does this scholarship contribute to the applicant's growth?

Thank you.

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

_____

Comments: (Attach additional pages, if necessary)

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Recommendation issued by: (Please Print)_____

Title/Position:_____

Institution:_____

Signature:_____

If your applicant is selected, will you be willing to present them at the awards ceremony? ☐ Yes ☐ Maybe ☐ No

If so, please provide your contact information below:

Full Name: _____
Phone: (____) _____ Email: _____
Mailing Address: _____