

Scholarship Recommendation Form

This form must be delivered by the reference to Gretchen Bree at the following address on or before April 1st or the next business day if April 1st is on a Saturday or Sunday. Recommendations received after that date may not be considered.

Lincoln College Scholarship Committee
 Attn: Gretchen Bree
 300 Keokuk St.
 Lincoln, IL 62656

TO BE COMPLETED BY SCHOLARSHIP APPLICANT

Applicant Name _____
 Phone Number(s) _____

I, the undersigned, agree to waive all rights to view or challenge the content of this recommendation. I understand that this is a confidential document which may be released only to Lincoln College representatives for the sole purpose of determining my eligibility for scholarship assistance.

Applicant Signature _____ Date _____

TO BE COMPLETED BY SCHOLARSHIP REFERENCE

Reference Name _____ Title/Occupation _____

Phone Number(s) _____

Reference Signature _____ Date _____

Please rate the applicant on the following characteristics:

	Below Average	Average	Above Average	Excellent	Unknown
Commitment to Academics					
Genuine Interest in Learning					
Verbal Communication Skills					
Integrity/Honesty					
Leadership					
Responsibility					
Independence/Initiative					
Social Behavior					

Please provide a written statement explaining why you believe this applicant is deserving of a scholarship.