 **2024 Scholarship Recommendation Form** 

**Applicant’s Information**

**Name of Applicant:**

**School:**

**Recommender’s Information**

Please answer the following questions about the applicant. If you need more space to thoroughly answer the questions, please continue your assessment in a Microsoft Word document. Once you have completed the recommendation, please email the recommendation form and additional pages to education@sds1914.com by Saturday, March 23, 2024 by 11:59pm or upload via the scholarship link on the chapter website <https://www.sds1914.com/scholarships>

**Name:**

**Address:**

**City: State: Zip Code:**

**Home Phone:** \_ **Cell Phone:** \_

**Email Address:** \_

**How long have you known the applicant?**

**Relationship to the applicant:** \_

*By signing this recommendation form, I affirm that all information contained within this form and accompanying attachments are complete and accurate to the best of my knowledge and all information is truthful.*

Signature:

Date:

**Describe how the applicant exhibits leadership in their school, community and/or extracurricular activities.**

**Describe how the applicant shows citizenship and helps to improve their community.**

**Describe the applicant’s commitment to scholarship and academics.**

**Why do you feel this applicant should receive this scholarship award?**