



# 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](mailto: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?**