

GREENE COUNTY FOUNDATION

SCHOLARSHIP RECOMMENDATION FORM

TO THE APPLICANT Please fill in your name, address, and the name of the scholarship for which you are applying before giving this form to the person you have asked for a recommendation. Make additional copies as necessary.

First/Middle/Last Name: _____

Address: _____

City/State/Zip: _____

Name of Scholarship: _____

TO THE RECOMMENDER The student named on this form is applying for a scholarship and has asked you to provide the Greene County Foundation with any information you feel would be helpful in reviewing his/her application. You may be assured that the information will be considered confidential. If you are unable to complete this form by the deadline, please notify the applicant so that he/she may secure another reference.

Name of Reference: _____ Phone: _____

Signature of Reference: _____ Date: _____

When providing a recommendation, please do the following:

1. Write your letter of recommendation on the back of this form or on a separate sheet of paper. Please sign it and include it with this form. Do not use staples.
2. Incorporate the following in your recommendation, unless requested otherwise by the specific scholarship criteria:
 - Compare this college-bound/college student to others you have known.
 - Describe the qualities or characteristics you feel set this student apart.
 - Any special circumstances you feel are relevant.

**FOR LILLY SCHOLARSHIP APPLICANTS, PLEASE RETURN THIS FORM TO THE APPLICANT OR THE
GREENE COUNTY FOUNDATION
ON OR BEFORE JANUARY 17, 2012 FOR THE LILLY SCHOLARSHIP.
FOR ALL OTHER SCHOLARSHIPS, PLEASE RETURN THIS FROM TO THE APPLICANT OR THE
GREENE COUNTY FOUNDATION
ON OR BEFORE FEBRUARY 6, 2012.**

**GREENE COUNTY FOUNDATION
ATTENTION: SCHOLARSHIP
4513 W SR 54• BLOOMFIELD, IN 47424
TEL 812/659-3142 - FAX 812/659-3142**
