

## SCHOLARSHIP RECOMMENDATION FORM

UPDATED MARCH 25, 2020 IN RESPONSE TO COVID-19. THIS APPLICATION IS FOR 2020 SCHOLARSHIPS ONLY.

### (FORM A) – MUST SUBMIT TWO IN ORDER TO COMPLETE THE APPLICATION

Dear Scholarship Applicant Recommender,

The student listed below has selected you to give The Community Foundation for McHenry County's Scholarship Committee a recommendation for him/her. The committee would like to know, in your opinion, why we should award scholarship funds to support this student in their education.

When you have completed this form, please submit Form A directly to The Community Foundation via email at [connect@thecfmc.org](mailto:connect@thecfmc.org) by **May 1, 2020**. Please include "scholarship" and the student's full name in the subject line.

If you have any questions about this form or procedure, please call 815-338-4483 or email [connect@thecfmc.org](mailto:connect@thecfmc.org).

Thank you for your time and participation in the process.

Regards,

Kelsey Podgorski  
Program Manager

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Applicant's Complete Name *(please print)*

**This is a 2-page form. This first page is the cover sheet. The second page is the actual rating form. Please DO NOT use the applicant's name on the actual rating form (Page 2).**

## SCHOLARSHIP RECOMMENDATION FORM

**Please DO NOT write applicant's name on this sheet.**

	< 1 year	1-3 years	3-5 years	6-10 years	10+ years
How long have you known the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Teacher	Employer	Faith	Community
What is your relationship to the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why should the applicant receive this scholarship?

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Please describe your understanding of this applicant's ability to meet his/her educational goals:

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Please rank your willingness to recommend the applicant for this scholarship:

- Highly Recommend                       Recommend with Reservations  
 Recommend                                       Other: \_\_\_\_\_

Please explain:

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Name of recommender: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Institution/Business name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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