



College Scholarship Recommendation

You have been asked to submit a recommendation on behalf of this applicant for the Abri Credit Union College Scholarship. Please answer the following questions and email to mzinkie@abricu.com or fax to 815-267-7730 by January 31, 2017.

Name of Scholarship Applicant:

How do you know the Applicant?

Comment on the Applicant's personal character:

What characteristics do you consider his/her greatest attributes?

How would you rate on a scale of 1-5 (5 highest) the Applicant's potential for future personal achievement? Why?

Any additional comments:

Prepared by: _____ **Occupation** _____

Signature _____ **Date** _____ **Daytime Phone** _____