College Scholarship Recommendation

You have been asked to submit a recommendation on behalf of this applicant (who cannot be a relative) for the Abri Credit Union College Scholarship. Please answer the following questions and email to marketing1@abricu.com or fax to (815) 267-7702 by December 29, 2027.

Name of Scholarship Applicant:

How do you know the Applicant?

What characteristics do you consider his/her greatest attributes?

Any additional comments:

Prepared by:_____**Occupation**_____

Signature_____Date_____Daytime Phone_____