



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 January 31, 2024.

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** _____