LETTER OF RECOMMENDATION FORM

Each Personal Reference must complete this Letter of Recommendation and submit electronically or as .pdf by email to applications@KSASF.org by the Scholarship Deadline of March 15th 2010.

REFERENCE #

Your Name: _____

Address: _____ Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Name of the student you are recommending to receive this scholarship: _____

Relationship: _____

How long have you known the applicant?: _____

Type of reference: ❒ Academic ❒ Professional ❒ Family ❒ Friend

Please elaborate below on the applicants strengths and needs that are being considered for this scholarship:

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Return electronically or by emailing .pdf along with letters of recommendation by March 15th, 2010. Email: applications@KSASF.org

"AIM FOR THE STARS AND MAYBE YOU'LL REACH THE SKY"