



Scholarship Recommendation Form



Applicant Information

LAST NAME:

FIRST NAME:

Your assesment of
the applicant's
leadership, integrity,
attitude,
dependability,
motiviation, etc.

Applicant's
exceptional talents &
skills

Additional
comments:
you may attach
additional pages if
necessary



Information about person submitting recommendation

Name:

Position:

Relationship to
applicant

Phone:

Email:

May we contact you if we
have questions?

Yes
No

Date:

Scholarship applications must be received by March 30 to be considered. Email this form to: scholarship@wisconsinorchestras.org

Additional comments
(continuation if
needed)