



Pride Center Scholarship Recommendation Form 2017

You are receiving this recommendation form, because a student of yours has applied for a Pride Center Scholarship to continue their education. We ask that you fill out this form to the best of your ability. Your honest appraisal of this candidate is essential in helping our scholarship committee make their decisions. Please feel free to use the back of this form or attach additional pages. Thank you for your cooperation.

Full Name of Scholarship Applicant: _____

1. What is your relationship with the applicant? _____

2. Why should this person be awarded the Pride Center scholarship as you understand it?

3. Tell us something about the character, focus or commitment of this person.

Date

Signature of Reference

Name of Reference

Day Phone Number

Please return by Wednesday, May 31, 2017 to:
Pride Center, c/o Youth Scholarships, 332 Hudson Avenue, Albany, NY 12210