Linhart Family Youth Scholarship
2021 Recommendation Form

Complete and print this form and give it to the student for submission with their scholarship application packet.

Name of Student_____

Student's Graduation Year_____ Post-Secondary Education Plans ____2 Year School ____4 Year School

Name of Student's School_____

School Address_____

City_____ State_____ Zip_____

Provide a brief statement expressing why you are recommending this student. Describe how they exemplify leadership and integrity: humility, courage, compassion and respect. You may also provide information about the student's school and/or community service and their ethical behavior.

Note: Your recommendation may be typed in the space below or typed on another paper and attached to this form.

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Please Print or type information below:

Name_____ Phone (_____)_____

Title_____ Email_____

Signature_____ Date_____