

Linhart Family Youth Scholarship 2024 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 _____