

Children's Mentoring Connection

Scholarship Fund

A recommendation for participation

Name of Applicant: _____

Your knowledge of this applicant will assist the review committee in considering his or her qualifications for scholarship aid. Your responses may come from either records or personal knowledge. Your statement will be given considerable weight by the committee and will be held strictly confidential. This form can be accessed & completed online at

www.hancockmentors.org/foundation/.

1. Personal qualifications. What do you consider the applicant's outstanding traits which qualify him or her for higher education?

2. What do you know of the applicant's financial needs?

3. Additional remarks.

Signed _____

Date _____

Title or occupation _____

Please return as soon as possible to Children's Mentoring Connection, 305 E. Lincoln Street, Findlay, Ohio 45840. If this form is not returned it is considered a negative recommendation on the applicant.

Should you have any questions or wish to make additional comments please call the Children's Mentoring Connection agency at 419-424-9752 and ask to speak with the Executive Director.

Thank You!