Woerner Scholarship Recommendation Form

Student's Name: _____

Please note that family members may not be used as references.

1. How long have you known the applicant and in what capacity?

2. In your opinion, will receiving this scholarship make the difference in allowing this student to attend college?

3. Comment on this student's character, academic ability and potential.

_____ _____

Signature Date

_____ _____

Print or type name Relationship

Please return this form to the Guidance Office in a sealed envelope with the signature across the seal.