African-American/Latino Alumni Scholarship Application
Recommendation Form

* * * * * Please type or print information clearly! * * * * *

To be completed by a non-student advisor, staff/representative/director or supervisor of a community-based or campus-based activity that possesses a service orientation.

Scholarship Candidate’s Name: _______________________________________________

This candidate is applying for the African-American/Latino Alumni Scholarship at Millersville University. Applicants for these scholarships must demonstrate service to their community. As part of the application process, a recommendation describing an applicant’s service work with a campus or community organization is required.

Please complete the questionnaire below, in full, and return it to the applicant no later than October 23, 2015. [Note: this is the date that all application materials are due at the Duncan Alumni House by 4 p.m. Applicants whose recommendations arrive after this date are disqualified.]

You are welcome to include any additional information that conveys the applicant’s dedication or service to your organization. If additional information is included, please use the organization’s official stationery.

Thank you, in advance, for your timely attention to this matter.

1. Briefly name and describe the purpose of your organization and the type of service it provides the community.

2. Is the applicant currently active with your organization? _____ Yes _____ No If no, what were the dates of affiliation?

3. How often did/does the applicant volunteer at your organization? _______1 time; _______2-5 times; _______weekly; _______bi-monthly; _______monthly; _______yearly; other:

4. Please describe the applicant’s overall attitude toward his/her assigned task (s): _______Exceptional _______Above average _______Average _______Below average Comments:

5. Please explain in detail the work/service performed by the applicant and how it advances your organization’s goals.
6. Please describe the applicant’s character and level of commitment to the work he/she does/did for your organization.

Additional Comments (optional):

Signature ___________________________ Date

Your Name and Title:
Candidate’s Immediate Supervisor (if not you):
Organization:
Organization Address:
Daytime Phone Number: (   )

Any falsification or misrepresentation of information on this form will disqualify the scholarship candidate.