

RECOMMENDATION

Applicant's Name: _____

The above-named student is applying for a scholarship from THE GLADYS STREET FOUNDATION, INCORPORATED. These scholarships are available to all individuals with any sickle hemoglobinopathy. Recipients will be selected by THE GLADYS STREET FOUNDATION, INCORPORATED scholarship committee. Each member of the committee will carefully review all applications. Scholarship awards will be based upon potential for success (academic, work, other experiences). Personal motivation, character, the ability to express himself or herself in writing, and involvement in school/apprenticeship/vocational program and community activities will also be considered in the selection process.

Your assistance in evaluating this applicant will be greatly appreciated. Recommendations are a key part of the application process. You are free to write your recommendation on this form or you may email it directly to the Chair of the Scholarship Committee – thegladystreetfoundation@gmail.com . Thank you in advance for your time and consideration.

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

2. Please comment upon the strengths and areas for improvement this applicant, which you feel the committee should consider:

3. RECOMMENDATION (check one):

☐ This applicant has my highest recommendation.

☐ I recommend this applicant with confidence

Signature: _____

Date: _____

Printed name: _____

Title _____

Address: _____

Telephone: () _____

Email: _____

Please return this form by **March 31st of the application year to:**

THE GLADYS STREET FOUNDATION, INCORPORATED

Attention: Scholarship Committee

333 W. Brown Deer Rd. Suite G #4200,

Bayside, WI 53217

thegladystreetfoundation@gmail.com