

**Wabasha-Kellogg Community Scholarship
COMMUNITY MEMBER Recommendation Form**

Applicant's Full Name: _____

The above-named applicant is being considered for a Wabasha-Kellogg Community Scholarship. Scholarship donors/committee members will use this form to gain a better understanding of the applicant's personal qualities, leadership, and character. Please return this form to the applicant for inclusion in their scholarship application packet.

Community Member Completing Form: _____

For how long have you know this applicant and in what capacity?

Do you believe this scholarship money will be put to good use? Explain.

Why do you think this student is deserving of a scholarship?

Signature of community member: _____

Date: _____