**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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**