

ACADEMIC LETTER OF RECOMMENDATION COVER SHEET

This cover sheet and accompanying letter of recommendation must be completed by a person who can confirm your community service activities. *Persons providing references may not be related to you.*

PART I (To be completed by the applicant)

Complete Part I and give this cover sheet to the person providing the letter of recommendation.

I, _____ (*insert applicant name*), give permission to release confidential information to the Tempe Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated as part of the scholarship application process.

Applicant Signature

Date

PART II (To be completed by the recommendation letter writer)

The above named individual is applying for a 2019 scholarship award from the Tempe Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. Please complete the bottom portion of this cover sheet and attach a letter of recommendation written on your organization's official letterhead.

In your letter of recommendation, please include: (1) the length of time you have known the applicant, (2) highlight the applicant's academic and scholarly achievements, and (3) any other specific skills and attributes that demonstrate the applicant's commitment to academic excellence.

Please place the **letter of recommendation and this cover sheet** in a sealed envelope **POSTMARKED NO LATER THAN February 28, 2019** and mail to:

Tempe Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated
Attn: Scholarship Committee
P.O. Box 25321
Tempe, AZ 85285-5321

Or

Scan and email a signed copy of this cover sheet and letter of recommendation to scholarship@dsttempe.com **NO LATER THAN February 28, 2019.**
An email confirmation will be sent to you.

Should you have any questions please contact us at scholarship@dsttempe.com.

Name (please print)

Contact Number

Signature

Date