

FLORIDA GOLDCOAST CHAPTER 99s
Fran Sargent Scholarship
LETTER OF RECOMMENDATION FORM

NAME OF THE APPLICANT _____

The above applicant is applying for our 99s Chapter Scholarship. We would request that you complete this form and return the signed original to the following address:

Christine Rupert
FL Goldcoast Chapter Scholarship Chair
8601 SW 181 Street Palmetto Bay, FL 33157

Please also email a scanned, signed and dated copy of the original to: cdraa0698@gmail.com

This Recommendation Form **MUST** be received by **September 20, 2019**, in order for the applicant to be eligible for consideration.

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

2. Would applicant utilize this scholarship successfully, if awarded?

3. Relationship to Applicant. _____

4. Tell us in your opinion why she should be considered as a candidate for this scholarship. We consider your opinion an important part of the selection process.

YOUR NAME _____ PHONE _____

SIGNATURE _____ DATE _____