

LETTERS OF RECOMMENDATION

PLEASE FOLLOW THESE INSTRUCTIONS EXACTLY

TO THE APPLICANT: Complete the top of the Recommendation Form before giving it to the people you have chosen to recommend you.

Chosen evaluators should be adults who can personally testify to your academic abilities and personal character.

Chosen evaluators **cannot** be your relatives.

No application will be considered complete without this information.

IMPORTANT:

- Be sure to complete the front of EACH letter of recommendation
- provide an envelope to evaluator
- provide a copy of these instructions to each evaluator.

It is your responsibility to insure that both of the completed and signed letters of recommendation are submitted at the same time of your application to the scholarship award committee. **THE APPLICANT IS NOT TO OPEN THE SEALED LETTERS. FAILURE TO FOLLOW DIRECTIONS REGARDING SEALED LETTERS WILL DISQUALIFY THE APPLICANT.**

TO THE EVALUATOR: The information that you supply concerning this applicant's personality and motivation is very important in the final evaluation.

No application will be considered complete without this information.

IMPORTANT:

After you have completed this recommendation, seal it in the provided envelope with the applicant's name written on the outside of the envelope.

Return the envelope to the applicant for submission to the Scholarship Award Committee.

For further information, contact: Chad Abel at 317-716-7541 or Mark Koopman at 765-242-9501 or Valerie McCain 765-490-6378

***Please return completed application by
April 25th (summer cycle) & December 28th (winter cycle)
Hoosier Burn Camp, Inc.
P.O. Box 233 Battle Ground, IN 47920***

Aaron Norwood Memorial Scholarship

LETTER OF RECOMMENDATION

Applicant's Name _____
Last First Middle

Applicant's Address _____
Street

City State Zip

1. How long have you known the applicant? _____

2. Under what circumstances have you known the applicant: _____

3. Do you believe the applicant has the ability and is likely to succeed in a post-secondary Educational program? _____ YES _____ NO (please explain why or why not)

4. Based on your knowledge of the applicant, please answer the following questions:

a) What are the applicant's greatest strengths and assets?

b) What are the applicant's greatest weaknesses and liabilities?

5. Please summarize your primary reason for recommending this applicant-merit, need, etc.

(PLEASE PRINT)

Evaluator's Name _____
Last First Middle

Occupation or Title _____

Evaluator's Address _____
Street

_____ City State Zip

Evaluator's Phone _____ or _____
Area Code Daytime Area Code Evening

Signature: _____ Date _____

(Note: This recommendation will not be considered complete without the evaluator's signature)