



## College Scholarship Recommendation

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You have been asked to submit a recommendation on behalf of this applicant for the Abri Credit Union College Scholarship. Please answer the following questions and email to [mquantock@abricu.com](mailto:mquantock@abricu.com) or fax to 815-267-7730 by January 31, 2019.

**Name of Scholarship Applicant:**

**How do you know the Applicant?**

**Comment on the Applicant's personal character:**

**What characteristics do you consider his/her greatest attributes?**

**How would you rate on a scale of 1-5 (5 highest) the Applicant's potential for future personal achievement? Why?**

**Any additional comments:**

**Prepared by:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_