

**Joseph A. Beavers Scholarship  
Recommender Form #2**  
(To be completed by recommender)

**STUDENT INFORMATION**

Student Name \_\_\_\_\_

School Name \_\_\_\_\_

**RECOMMENDER INFORMATION**

Recommender Name \_\_\_\_\_

Affiliation to Student \_\_\_\_\_

Job Title \_\_\_\_\_

**INSTRUCTIONS TO RECOMMENDER** The student is applying for a UPO Joseph A. Beavers Scholarship. This recommendation is a critical component of our decision making process.

Please respond to the following questions as completely and succinctly as possible. (Feel free to use a separate page to answer the following questions):

1. How long have you known the student?

Less than 1 year

1-2 year(s)

3 or more

years

2. Why should we select this student as a Joseph A. Beavers Scholarship recipient? Please comment on the student's involvement in the community and leadership qualities.

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3. Please comment on any other relevant information that is not identified in the application that describes why this student is a candidate for the Joseph A. Beavers Scholarship.

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Recommender Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the student in a sealed envelope with your signature across the seal.**