

**Joseph A. Beavers Scholarship
Recommender Form #1**
(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.

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.

Recommender Signature _____ Date _____

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