

ACADEMIC RECOMMENDATION

Student Name: _____

To the Student: Put your name on this form and ask a teacher, counselor, or administrator from your high school or post-secondary institution to complete the form.

To the Evaluator: The student named above has applied for a scholarship from our organization. Winners of the \$2000 scholarships will be selected primarily on academic record, evidence of leadership, seriousness of purpose and a demonstrated potential for further growth through education. The requirements include a grade point average of 2.5 or better.

Please use this form or a separate sheet of paper to write a brief recommendation for this student. Please return the form directly to the Scholarship Committee (address is below) and not to the student.

Thank you for your help. Scholarship Committee

Name of Person Making Recommendation (Print): _____

Title: _____

How long have you known this student?

In what capacity?

Why do you believe that this student is a suitable candidate for our scholarship?

Mail this form and your answers postmarked no later than April 1 to:

AANR West Scholarship Committee
23679 Calabasas Road, Suite 966
Calabasas, CA 91302