**Triad Women’s Club (TWC) Scholarship Program**

2024 Scholarship Recommendation Form

**Requirement for Scholarship Application**: One letter of recommendation including contact information (emailed by the recommending party to the Scholarship Program director); the letter may be from a teacher/professor, current employer, client, professional familiar with the candidate’s motivation to attend college, ability to succeed, and goals. *Note: You may use this form or a separate letter of recommendation.*

Student name:

Describe the student’s strengths and provide examples:

Please provide any other comments about the applicant that would help the selection committee reach its decision.

Professional (non-family members) Relationship to Applicant (please X where appropriate)

Professor/Teacher/Administrator/Coach: \_\_\_ OR Employer/Supervisor: \_\_\_ OR Other: \_\_\_

Name:

Position or Title:

School or Company name and address:

Business phone#:

Mobile/Cell#

Email address:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email any questions to [twcscholarshipchair@gmail.com](mailto:twcscholarshipchair@gmail.com) and please submit completed form to same email address.