

African-American/Latino Alumni Scholarship Application Recommendation Form

******* Please type or print information clearly! *******

To be completed by a non-student advisor, staff/representative/director or supervisor of a community-based or campus-based activity that possesses a service orientation.

Scholarship Candidate's Name: _____

This candidate is applying for the African-American/Latino Alumni Scholarship at Millersville University. Applicants for these scholarships must demonstrate service to their community. As part of the application process, a recommendation describing an applicant's service work with a campus or community organization is required.

Please complete the questionnaire below, in full, and return it to the **applicant no later than Friday, February 4, 2022.**

You are welcome to include any additional information that conveys the applicant's dedication or service to your organization. If additional information is included, please use the organization's official stationery.

Thank you, in advance, for your timely attention to this matter.

1. Briefly name and describe the purpose of your organization and the type of service it provides the community.
2. Is the applicant currently active with your organization? _____ Yes _____ No
If no, what were the dates of affiliation?
3. How often did/does the applicant volunteer at your organization?
___1 time; ___2-5 times; ___weekly; ___bi-monthly; ___monthly; ___yearly;
other:
4. Please describe the applicant's overall attitude toward his/her assigned task (s):
___Exceptional ___Above average ___Average ___Below average
Comments:
5. Please explain in detail the work/service performed by the applicant and how it advances your organization's goals.

Millersville University African-American/Latino Alumni Scholarship Application
Community Service Recommendation (continued)

6. Please describe the applicant's character and level of commitment to the work he/she does/did for your organization.

Additional Comments (optional):

Signature _____ Date

Your Name and Title:

Candidate's Immediate Supervisor (if not you):

Organization:

Organization Address:

Daytime Phone Number: ()

***Any falsification or misrepresentation of information
on this form will disqualify the scholarship candidate.***