

Community Foundation

Est. 1944

Scholarship Recommendation Form

Student Name: _____

The above-named student is applying for a scholarship through the Community Foundation of St. Clair County. Please complete the information below and either return the form to the student OR if you would like the document to be confidential, email the form to audrey@stclairfoundation.org.

Questions? Contact Audrey Sochor at audrey@stclairfoundation.org or 810-984-4761

Recommender Name: _____

Position/Title and Organization Name: _____

Email: _____ **Phone:** _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

***Writing not your thing? Skip the questions and tell us in a video instead! Be sure to highlight the areas below. Keep it short and sweet, 3 min or less. Upload your video (YouTube, TikTok, etc) and share the link at the end of this form.**

Please briefly share any strengths and highlights you have seen or experienced with the student in the following areas. Include examples whenever possible/appropriate.

Potential- desire to learn, ability to grow

Drive- self-motivation, initiative

Dependability- reliability, attendance, time management

Perseverance- overcoming adversity, challenges

Responsibility- set & meet goals, follow-through

Anything else you can tell us about the applicant? Be sure to highlight

- characteristics/strengths/experiences unique to the student that set them apart from other students
- anything that speaks to their capability for success at college

Video(optional)

Doing a video instead? In 3 minutes or less tell us why this student should be awarded a scholarship.

Be sure to highlight the areas mentioned above: **potential, drive, dependability, perseverance & responsibility.**

Upload your video and share the link below.

Video URL:

Signature:

Date: