



Life-Changing Scholarships for Women Over 35

Name of Applicant _____

**VITAL IMPACT APPLICATION FOR SCHOLARSHIP FUNDS
CONFIDENTIAL RECOMMENDATION FORM**

This recommendation form should be completed by a non-relative and mailed by the person making the recommendation.

Name of scholarship applicant: _____

Your name and title: _____

Your contact information (or attach a business card) _____

How long have you know the applicant? _____

Please describe your personal or professional relationship with the applicant: _____

How would you rate the applicant's past academic, employment, or volunteer record?

Excellent Good Average Fair

How would you rate the applicant's ability to undertake and complete her educational program?

Excellent Good Average Fair

In your opinion, what is the applicant's career potential?

Is there any other pertinent information you'd like to add? Feel free to include a separate page or letter as you choose.

Signature _____

***Attach your business card here with
Clear tape – no staples, please.***

Date _____

This document must be mailed separately. Mail the completed and signed form by June 17, 2017

to: Vital Impact

P. O. Box 192

Accord, MA 02018-0192



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