

SCBC FOUNDERS SCHOLARSHIP FUND APPLICATION FORM
RECOGNITION PRIZE

DATE: _____

PERSON MAKING THE RECOMMENDATION:: _____

ORGANIZATION/AFFILIATION: _____

JOB/TITLE: _____

MAILING ADDRESS:

PHONE:

EAMIL ADDRESS:

NAME OF PERSON RECOMMENDED: _____

CIRCLE ONE: IS THS RECOMMENDED PERSON AN ADULT OR MINOR?

MAILING ADDRESS:

PHONE:

EAMIL ADDRESS:

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHY IS THIS INDIVIDUAL RECOMMENDED? (Limit 500 words)

WHAT OTHER AWARDS/PRIZES HAS THE INDIVIDUAL RECEIVED:

ATTACH TWO ADDITIONAL LETTERS OF RECOMMENDATION.