

**St. Andrew’s Society**

**Scholarship Recommendation Form**

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| **Student Name** | **Last Name**  | **First Name** | **Middle Initial** |
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| **Name of Person Completing Recommendation Form** |  |
| **Signature** |  | **Date** |  |

How long have you known the applicant and in what capacity?

This student is applying for a college scholarship. Please share with us your impression of the applicant’s character, personality, maturity, determination and academic readiness for college.

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| Please Submit Recommendation Form to: |
| Oleya PearsallThe Oregon Community Foundation1221 SW Yamhill St. Ste. 100Portland, OR 97205503.227.6846opearsall@oregoncf.org |