

## RECOMMENDATION

### **AbiTy Connection Information Technology Scholarship Award**

You have been asked to provide information in support of this scholarship application. The applicant has agreed the recommendation form is not open to him/her. To assure confidentiality, please complete this form and mail directly to:

**Laura Romens, AbiTy Connection Coordinator**  
**Goodwill Industries of Southeastern Wisconsin and Metropolitan Chicago, Inc.**  
**6055 North 91<sup>st</sup> Street**  
**Milwaukee, WI 53225-0919**

**Phone: (414) 353-6400, extension 137; Fax: (414) 358-4298**

**THIS FORM MUST BE RECEIVED BY JUNE 1**

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Applicant's Name: \_\_\_\_\_

Your relationship to the Applicant: \_\_\_\_\_

1. The applicant's choice of an education program is:

\_\_\_\_\_ very appropriate    \_\_\_\_\_ appropriate    \_\_\_\_\_ inappropriate    \_\_\_\_\_ unknown

2. The applicant's ability to set realistic and attainable goals is:

\_\_\_\_\_ very appropriate    \_\_\_\_\_ appropriate    \_\_\_\_\_ inappropriate    \_\_\_\_\_ unknown

3. The applicant's effort toward achieving goals is:

\_\_\_\_\_ high                      \_\_\_\_\_ average                      \_\_\_\_\_ low                      \_\_\_\_\_ unknown

4. The applicant's financial need for this scholarship is:

\_\_\_\_\_ high                      \_\_\_\_\_ average                      \_\_\_\_\_ low                      \_\_\_\_\_ unknown

Why, in your opinion, should this applicant be selected for the scholarship (feel free to use the back of the form or extra sheets if needed):

Name of persons making recommendations: \_\_\_\_\_ Date: \_\_\_\_\_

Title and Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Telephone (day): \_\_\_\_\_

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