

THE CAUSE FOUNDATION/BERNI SCHAFFER MEMORIAL SCHOLARSHIP PROGRAM

APPLICANT RECOMMENDATION FORM

Application Deadline: February 15

To be completed by a high school teacher or another adult (other than a family member). The person who fills out this form must be different from the person who fills out the High School Certification Form.

1. Name of Applicant: _____
2. How long have you known the applicant? _____
3. How are you acquainted with this applicant? _____
4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. (May use reverse side)

5. Please add any information which you feel might assist the selection committee. (May use reverse side if necessary)

Name _____

Title _____

Address _____

Telephone() _____

Signature _____

Date _____

Please place this completed form in a sealed envelope and give it to the applicant for submission with his/her scholarship application.

Questions may be directed to The CAUSE Foundation at (888) 288-9036