



CHARDON

AREA CHAMBER OF COMMERCE

SCHOLARSHIP RECOMMENDATION FORM

NOTE: TWO RECOMMENDATIONS ARE REQUIRED
(ONE MUST BE FROM A NON-FACULTY MEMBER)

To the person filling out this recommendation:

Please return to the student applying for the Chamber Scholarship before the submission deadline of February 9, 2024. Any application missing required components will not be considered.

All letters **MUST** be typed and signed. Recommendations cannot come from a relative. Letters cannot derive from a template or contain the same information submitted for another candidate.

_____ is applying for the Chardon Area Chamber of Commerce Scholarship and has requested your evaluation and recommendation.

Instructions:

Please comment on how you know the student and what makes this student an outstanding candidate for the scholarship. Indicate, through examples or personal experience that which defines their upstanding character, how they display initiative in good and difficult scenarios, and how their judgement comes into play in dealing with others during critical or complex problem solving.

Date: _____

Signature: _____

Print name: _____

Title: _____

Completed application must be submitted by the student by February 9, 2024