



## College Scholarship Recommendation

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You have been asked to submit a recommendation on behalf of this applicant (who cannot be a relative) for the Abri Credit Union College Scholarship. Please answer the following questions and email to [marketing1@abricu.com](mailto:marketing1@abricu.com) or fax to (815) 267-7702 by January 31, 2025.

**Name of Scholarship Applicant:**

**How do you know the Applicant?**

**What characteristics do you consider his/her greatest attributes?**

**Any additional comments:**

**Prepared by:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_