

Loraine Lambert Memorial Nursing Scholarship
Letter of Recommendation

Applicant's Name: _____

I authorize this reference, _____, to complete this referral sheet for the Loraine Lambert Memorial Nursing Scholarship. I understand that the referral sheet will be forwarded directly to the Counselor's Office at Kewanee High School for their private use. I understand that I will not be permitted to review this reference sheet for any reason.

Applicant's Signature: _____

Directions: Please complete this form and submit it to the following address no later than April 1.

Counselor's Office – Kewanee High School
1211 E. Third St.
Kewanee, IL 61443

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please comment on applicant's primary strengths and ability to reach academic goals (use back page if necessary).

Please comment on applicant's primary weaknesses or liabilities (use back page if necessary).

Additional Comments (use back page if necessary).

I would recommend this individual for a nursing scholarship. Indicate your recommendation with a check (✓).

Highly Recommend Recommend Do Not Recommend

Your Name: (Type or Print) _____

Title: _____

Business Address: _____ Telephone: _____

Signature: _____ Date: _____