

# Comprehensive Bleeding Disorders Center Scholarship Fund

Community Foundation of Central Illinois  
331 Fulton Street, Suite 310  
Peoria, IL 61602  
Phone: (309) 674-8730 Fax: (309) 674-8754  
Email: kristan@communityfoundationci.org

## Letter of Recommendation

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

I authorize this reference \_\_\_\_\_, to complete this referral sheet for the CBDC Scholarship. I understand that the referral sheet will be forwarded to the Community Foundation of Central Illinois and will be for their private use. I will not be permitted to review this reference sheet for any reason.

**Applicant Signature:** \_\_\_\_\_

Reference: Please complete this form and return it directly to the Community Foundation of Central Illinois at the address listed above, prior to the **April 1st deadline**. Failure to meet this deadline may jeopardize the applicant's opportunity to be considered for this scholarship. *If you need additional space, please attach a separate sheet.*

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship with the applicant? \_\_\_\_\_

### 3. Applicant Appraisal

The applicant's ability to commit and follow through on his/her goals:

Excellent                       Good                       Fair                       Poor

Explain:

How well does the applicant's past achievements reflect his/her ability to fulfill their education goals?

Excellent                       Good                       Fair                       Poor

Explain:

4. What qualities make this applicant a good candidate for this scholarship? (Please use the reverse side if needed)

5. Additional Comments—Please add any information which you feel might assist the selection committee.

**Your name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If you have any questions, please contact the Community Foundation of Central Illinois, (309) 674-8730.