

Make additional copies of this blank form if you need to have more than one completed.



Queen of Peace High School
Scholarship and Grant Recommendation Form

Part One To be completed by the student

Name: _____

Grade next school year: _____

Part Two To be completed by the teacher, church or community member

Name: _____

Organization: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____

How long have you known this applicant? _____

What is your relationship to this applicant? _____

Comments: (Use the reverse side if necessary or attach a separate sheet.)

Signature

Date