

PERSONAL RECOMMENDATION
MARYSVILLE KIWANIS CLUB
DR C D MILLS MEMORAIL-KIWANIS COLLEGE SCHOLARSHIP
P.O. BOX 340, MARYSVILLE, OHIO 43040

The Marysville Kiwanis Club, DR C D MILLS MEMORAIL-Kiwanis College Scholarship Committee would like to have your candid appraisal of the student who has requested you to prepare this recommendation. The recommendations will assist the committee as it makes its decisions in selecting the awards.

To preserve the confidential nature of your appraisal, kindly mail this Personal Recommendation form to our above address.

TO BE COMPLETED BY PRINCIPAL OR COUNSELOR:

Applicants Name _____

How long have you known the applicant? _____

Average Grade _____ Applicant ranks: _____ exactly _____ approximately
_____ in a graduating class of _____ students.

School computed above rank in class by using official record beginning with _____ grade
and ending with _____ semester in _____ grade.

Principal's or Counselor's estimate of applicant's future success, based on the purpose of this application: (Please check those that may apply)

_____ Little Success _____ May encounter some difficulty
_____ Average _____ Above Average _____ Superior

Your personal observations will be appreciated.

Personal Observations _____

Must be mailed by April 16

Signed _____

Title
