**WGSS Faculty Recommendation Form for WGSS Scholarships**

**Please complete and submit to the Scholarship Committee.**

Applicant: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Member: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty signature ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship (check): \_\_\_\_\_\_ Judy Mann DiStefano Memorial Scholarship; \_\_\_\_\_\_\_ Founders’ Scholarship

1. How long have you known the applicant and in what capacity?

2. List three adjectives that come to mind when you think of this applicant:

a.

b.

c.

4. Are you aware of any obstacles, extenuating circumstances, or financial hardships the applicant is working with that you believe to be relevant?

5. Comments regarding the applicant’s suitability to receive the scholarship:

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