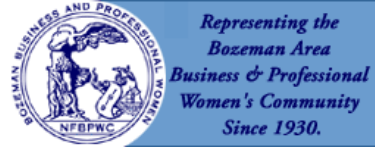




Business and Professional Women/USA



BOZEMAN CHAPTER

Bozeman BPW, P.O. Box 644, Bozeman, MT 59771-0644
W: www.bozemanbpw.org E: bozemanbpw@yahoo.com

**EDUCATIONAL SCHOLARSHIP FOR CAREER ADVANCEMENT
RECOMMENDATION FORM**

Please print in blue or black ink.

Scholarship Candidate's Name:

First MI Last

Recommender's Basic Information and Address:

Name:

First MI Last

Email address:

Number & Street:

City, State, Zip Code:

Additional Information:

Preferred Phone No:

Other Phone No:

Fax No:

Recommendation Information:

1. Length of time you have known the applicant: _____
2. Capacity in which you know the applicant: _____
3. Your professional title: _____

Recommendation:

Bozeman Business and Professional Women (BPW) requests your candid, written evaluation of the applicant's qualifications. Since you know the applicant, the review committee is depending on your thoughtful observations, especially relative to applicant's academic, employment and/or volunteer record, ability to undertake and complete her training, and outstanding strengths or characteristics.

The applicant will benefit most from a specific and illustrative evaluation rather than a general assessment. Your evaluation should discuss the applicant's strengths and, as appropriate, provide insight into any areas where growth is needed. Please define the criteria upon which you base your judgment and how the applicant meets your criteria.

Your evaluation will be confidential and intended for use only by the Bozeman BPW Scholarship Committee. Your evaluation cannot be viewed by the applicant.

4. **Recommendation:** (Limit to one page, please. If typed on a separate sheet, please attach behind this page.)

Recommender Certification:

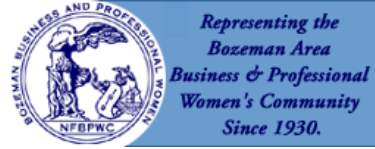
By entering my signature below, I recommend this applicant to the Bozeman BPW Educational Scholarship for Career Advancement Program, and I certify that the information reported in this recommendation is true and accurate to the best of my knowledge.

Signature of Recommender: _____

Mail to: Bozeman BPW / SCHOLARSHIP, P.O. Box 644, Bozeman, MT 59771



Business and Professional Women/USA



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Additional Information:

Preferred Phone No:

Other Phone No:

Fax No:

Recommendation Information:

- 5. Length of time you have known the applicant: _____
- 6. Capacity in which you know the applicant: _____
- 7. Your professional title: _____

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Mail to: Bozeman BPW / SCHOLARSHIP, P.O. Box 644, Bozeman, MT 59771