



## Recommendation Form

Name of Applicant: \_\_\_\_\_

Awards will be made on the following basis:

- Evidence of college acceptance or current college enrollment
- Proof of illness
- Minimum GPA of 2.5

### Referral Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

What is your relationship to applicant?

How long have you known the applicant?

Why do you think this applicant should be awarded a scholarship? Use reverse side or additional pages if necessary,

Please return this form by August 15, 2010 by email to [Jumpinjanie3@aol.com](mailto:Jumpinjanie3@aol.com) or mail to:

Page's Memorial Foundation  
c/o Jane Whetsell  
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Potomac, MD 20854