

**DES MOINES SCHOOL EMPLOYEES ASSOCIATION SCHOLARSHIP
CONFIDENTIAL RECOMMENDATION**

Name of Scholarship Applicant: _____

High School: _____

How long have you known the applicant: _____

How did you become acquainted with the applicant: _____

What outstanding qualities does the applicant possess:

Why do you feel this applicant should receive the Des Moines School Employees Scholarship Award?

Please comment on the promise and potential of the applicant to meet his/her career goal:

Print your name here: _____ Date: _____

Signature: _____

Return completed form directly to: Des Moines Public Schools, Attn: Secondary Dept., 2323 Grand Ave, Des Moines, IA 50312, by Thursday, March 3, 2016. (Do not return to applicant.)