DES MOINES SCHOOL EMPLOYEES ASSOCIATION SCHOLARSHIP

CONFIDENTIAL RECOMMENDATION

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| --- | --- | --- | --- | --- |
| Name of Scholarship Applicant: | |  | | |
| High School: |  | | | |
| How long have you known the applicant: | | |  | |
| How did you become acquainted with the applicant: | | | |  |
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| What outstanding qualities does the applicant possess: |

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

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

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| Print your name here: | |  |  | Date: |  |
| Signature: |  | |  |  |  |

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| Return completed form directly to: Des Moines Public Schools, Attn: Board of Directors, 2100 Fleur Drive, Des Moines, IA 50321, Att: Erin Jenkins - Employee Scholarship, by **Thursday, March 12, 2020** (**Do not return to applicant**.) |