

*USA COMMUNICATIONS
EDUCATORS RECOMMENDATION FORM*

Name of Applicant _____
High School _____

Address _____

Phone _____

How Long and In What Capacity Have You Known the Applicant?

Please State Why You Feel This Applicant is Qualified to Receive This Scholarship.

Name of person completing form _____

Title _____

Signature _____

Date _____

**Please return this form to USA Communications, PO Box 389, Shellsburg, IA 52332
OR email to celdred@usacomm.coop - MUST be received by April 1, 2024**