USA COMMUNICATIONS
EDUCATORS RECOMMENDATION FORM

Name of Applicant_____
High School_____

Address_____
_____
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Phone _____

How Long and In What Capacity Have You Known the Applicant?
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Please State Why You Feel This Applicant is Qualified to Receive This Scholarship.
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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, 2025