



CAROLE P. BIZZACK
MEMORIAL FOUNDATION

3321 Winchester Road • Lexington, KY 40509

Scholarship Recommendation

TO THE APPLICANT

Please complete the upper portion of this form and give 3 people not related to you who are familiar with your talents in your intended major (one school recommendation, one personal recommendation, one of your choice)

Applicant's Name _____

I (do) (do not) waive my rights of access to the confidential statement.

Signature of Applicant

TO THE RECOMMENDER

The person whose name appears above is applying for a Carole P. Bizzack Memorial Scholarship. Please write a recommendation in the space provided (and/or on the back of this form) concerning the applicant's personality, character, intelligence, leadership potential, financial need and any other factors, which may pertain to his/her likelihood of success in the chosen field of study.

SUMMARY OF RECOMMENDATION:

Highly Recommended Recommended
 Recommended with reservations Not recommended

How long and in what capacity have you known the applicant (teacher, friend, principal, etc.)?

Please print name _____

Signature _____

Date _____