

**COLORADO BPW EDUCATION FOUNDATION
LETTER OF RECOMMENDATION**

Name of Applicant _____

Your name has been given as a reference. Please provide as much information as possible so that the review committee can effectively evaluate this applicant. Your responses will be confidential. Applications for funds from the Colorado BPW Education Foundation will not be considered by the Board of Trustees without all necessary support materials.

Please type or print all information. Attach extra pages to this form if additional space is needed.

Name of Person giving recommendation

Title (Institution/Company)

Address

Business Telephone

1. How long have you known the applicant? _____

2. Describe your personal or professional relationship with the applicant.

3. How would you evaluate the applicant's past academic, employment, or volunteer record?
Explain your evaluation.

_____ Excellent

_____ Good

_____ Fair

4. How would you evaluate the applicant's ability to undertake and complete this educational program? Explain your evaluation.

_____ Excellent

_____ Good

_____ Fair

5. Describe the applicant's career potential.

6. Provide any additional information which would assist the selection committee in making its determination.

Signature of Reference _____ Date _____

Return this form to: Colorado BPW Education Foundation
Attn.: Scholarship Committee
PO Box 1189
Boulder, CO 80306